



REGION VII AREA AGENCY ON AGING

YVONNE CORBAT, CHAIR

ANDREW ORVOSH, EXECUTIVE DIRECTOR

June 29, 2016

Mr. Ernie Krygier
Bay County Board of Commissioners
515 Center Avenue
Bay City, MI 48708

Dear Chairman Krygier:

Region VII Area Agency on Aging has enclosed a copy of its FY 2017 - 2019 Multi-Year and Annual Implementation Plan for review and approval by your County Board of Commissioners. If you would like to schedule an in-person presentation about the plans, please call Region VII Area Agency on Aging at (989) 893-4506 and ask for Annette Jeske, Public Relations Specialist.

After reviewing and approving the plan, we are asking that you forward a letter of support, or a resolution for the plan, to Region VII Area Agency on Aging.

Region VII Area Agency on Aging is requesting this response no later than 5:00 p.m. on August 3, 2016. If a response is not received by this date, we will consider the plan to be passively approved by your County Board of Commissioners.

This plan is also available for review online at: www.region7aaa.org.

Sincerely,

Andrew Orvosh
Executive Director

AO/aj

Enclosure

MEMBER COUNTIES: BAY ■ CLARE ■ GLADWIN ■ GRATIOT ■ HURON ■ ISABELLA ■ MIDLAND ■ SAGINAW ■ SANILAC ■ TUSCOLA

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BAY CITY, MI 48706

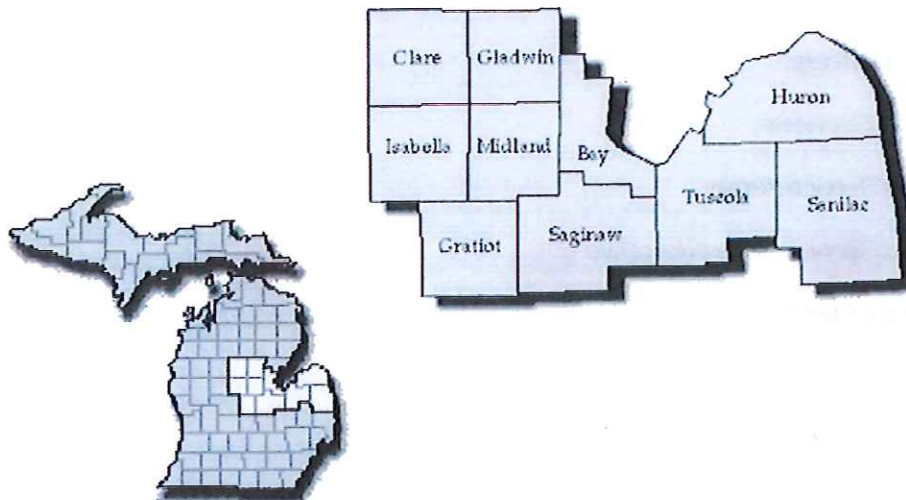
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FY 2017 - 2019
MULTI-YEAR & ANNUAL IMPLEMENTATION PLAN
REGION VII AREA AGENCY ON AGING 7



Planning and Service Area

Bay, Clare, Gladwin, Gratiot, Huron,
Isabella, Midland, Saginaw, Sanilac, Tuscola

Region VII Area Agency on Aging

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ANNUAL & MULTI YEAR IMPLEMENTATION PLAN

FY 2017-2019

Region VII Area Agency On Aging

FY 2017

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County/Local Unit of Govt. Review

The Area Agency on Aging must send a letter, with delivery and signature confirmation, requesting approval of the final Multi-Year Plan (MYP) by no later than June 30, 2016, to the chairperson of each County Board of Commissioners within the PSA requesting their approval by August 1, 2016. For a PSA comprised of a single county or portion of the county, approval of the MYP is to be requested from each local unit of government within the PSA. If the area agency does not receive a response from the county or local unit of government by August 3, 2016, the MYP is deemed passively approved. The area agency must notify their AASA field representative by August 7, 2016, whether their counties or local units of government formally approved, passively approved, or disapproved the MYP. The area agency may use electronic communication, including e-mail and website based documents, as an option for acquiring local government review and approval of the Multi-Year Plan. To employ this option the area agency must:

1. Send a letter through the US Mail, with delivery and signature confirmation, to the chief elected official of each appropriate local government advising them of the availability of the final draft MYP on the area agency's website. Instructions for how to view and print the document must be included.
2. Offer to provide a printed copy of the MYP via US Mail or an electronic copy via e-mail if requested.
3. Be available to discuss the MYP with local government officials, if requested.
4. Request email notification from the local unit of government of their approval of the MYP, or their related concerns.

Describe the efforts made to distribute the MYP to, and gain support from, the appropriate county and/or local units of government.

Two pre-planning public input sessions were held on March 18 at opposite ends of Region VII AAA's planning and service area, each involving more than a dozen people representing service providers, older adults who use services, agency staff, policy board and advisory council members. The first was in Isabella County at the Commission on Aging, the second later in the day at the Tuscola County Tech Center in Caro. Information gathered was used in the development of the draft plans.

Region VII AAA will send a hard copy of the MYP to each of the ten counties, and also the Saginaw Chippewa Indian Tribe with cover letter by June 30, 2016 requesting their approval and offering staff to discuss the draft plans with their commission. Additionally, the MYP will be available on the Region VII AAA website.

The agency will circulate the draft MYP to professionals and advocates around the region and make notice of it available prior to, during and following the Public Hearings which are set for Tuesday, May 17, 2016 at Saginaw Community Action Agency and later in the day at Region VII AAA. We offer the draft plans as an electronic PDF file, or in print form.

Plan Highlights

The purpose of the Plan Highlights is to provide a succinct description of the priorities set by the area agency for the use of Older Americans Act and State funding during FY 2017-2019. Please note there are separate text boxes for the responses to each item. The Plan Highlights must include the following:

1. A brief history of the area agency and respective PSA that provides a context for the MYP. It is appropriate to include the area agency's vision and/or mission statements in this section.
2. A summary of the area agency's service population evaluation from the Scope of Services section.
3. A summary of services to be provided under the plan, which includes identification of the five service categories receiving the most funds, and the five service categories with the greatest number of anticipated participants.
4. Highlights of planned program development objectives.
5. A description of planned special projects and partnerships.
6. A description of specific management initiatives the area agency plans to undertake to achieve increased efficiency in service delivery, including any relevant certifications or accreditations the area agency has received or is pursuing.
7. A description of how the area agency's strategy for developing non-formula resources, including utilization of volunteers, will support implementation of the MYP and help address the increased service demand.
8. Highlights of strategic planning activities.

1. A brief history of the area agency and respective PSA that provides a context for the MYP. It is appropriate to include the area agency's vision and/or mission statements in this section.

Region VII AAA was established in 1974 following an amendment to the Older American's Act (OAA). The organization continues with its mission to advocate, plan, develop and support an array of services for older adults in Bay, Clare, Gladwin, Gratiot, Huron, Isabella, Midland, Saginaw, Sanilac and Tuscola counties using OAA funds, Medicaid MI Choice home and community-based waiver, grants and local monies to meet the needs of vulnerable older adults and persons with disabilities. Region VII's main office is located in Bay City, with a smaller office in Cass City that focuses on Care Management and MI Choice waiver coordination for persons in Michigan's Thumb which includes: Huron, Sanilac and Tuscola counties. The region is fortunate to have senior tax millage in all ten of the counties that supplements OAA funding. Strong, well-established county units on aging operate service delivery systems throughout the planning and service area (PSA) using the combined funding to offer services and programs tailored to meet the ever-changing needs of older adults. As we look to the future, Region VII AAA is undergoing CARF accreditation (being surveyed in May 2016), developing capacity to bill for Medicare reimbursement for Diabetes Self Management Training (DSMT) and Medical Nutrition Therapy (MNT) and to expand evidence-based health promotion programs.

2. A summary of the area agency's service population evaluation from the Scope of Services section.

There are no unexpected major shifts in the population's trajectory towards aging in our region. Most counties have at least 18% of the population currently at age 60 or older. This has created tension between meeting the needs of the younger older adult, and the extreme elderly which we identify as persons age 85 and older. This extreme elderly population for the most part seek in-home services and rely on home-delivered meals, personal

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care and homemaking to remain in their homes and communities. The younger senior population are more inclined to participate in the evidence-based workshops and desire more social and entertainment options which meld nicely into programs offered by many of the county units on aging in our planning and service area where a meal, transportation and a play or musical event is offered.

Parts of our PSA continue to be economically challenged. Our public input sessions and preparation for the 2017-19 MYP (MYP) has helped us pinpoint extreme rural areas where small numbers of extreme elderly continue to reside and desire services.

We continue to serve a number of aging military veterans, as the American Community Survey (ACS) estimates that nearly 20% of people over age 60 are a military veteran.

3. A summary of services to be provided under the plan which includes identification of the five service categories receiving the most funds and the five service categories with the greatest number of anticipated participants.

Services are available to people age 60 and older who have the greatest social and economic need. The Medicaid MI Choice home and community-based waiver services are available to adults age 65 and older, and those age 18 and older who are disabled. All candidates for the program must meet nursing facility level of care eligibility and Medicaid financial requirements. Family caregivers providing supports to an adult age 60 and older, as well as grandparents and relatives raising a relative's children, may be eligible for services at age 55. The Title V - Senior Community Services Employment Program may be available to adults age 55 and older who meet eligibility requirements. All state funded services may not be available in all counties.

Access Services

Information and Assistance

Case Coordination and Support

Care Management

Transportation

Outreach

Services contracted to county units on aging and other providers include; Congregate Nutrition, Senior Center Staffing, Kinship/Older relative program, Caregiver Training and education, Disease Prevention/Health Promotion, Adult Day Care, Legal Assistance, Elder Abuse Prevention, Long-term Care Ombudsman, Home Repair, Home-delivered Meals, Personal Care, Homemaking, Respite and Chore Services. The following categories receive the most funding and also serve the greatest number of older adults.

Home-delivered Meals

Congregate Nutrition

Care Management

Personal Care

Homemaking

4. Highlights of planned Program Development Objectives.

Region VII AAA's Executive Director developed the agency's program development objectives during preparations for CARF accreditation. These goals align well with State Plan goals #1, #2, #5 and #6. Additionally, other efforts planned for this MYP cycle align with goals #3 and #4. Highlights of planned projects include the expansion of the evidence-based programming, outreach and education to the public and partner organizations and our continued involvement in the Silver Key Coalition and Senior Advisory Group advocacy

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efforts.

STATE PLAN GOALS referenced from the AMPS Document Library:

Goal 1: Recognize and celebrate the cultural, economic, and social contributions of older adults, and create opportunities for engagement in their communities.

Goal 2: Use person-centered planning to ensure older adults have independence and self-direction through an array of long term supports and services provided in the setting of their choice.

Goal 3: Provide a variety of opportunities for older adults to enhance their physical and mental well-being, using evidence-based practices and other innovative programs.

Goal 4: Provide advocacy, information, training, and services to support the rights of older adults to live free from abuse, neglect, and exploitation.

Goal 5: Develop and enhance public and private partnerships to better serve older adults.

Goal 6: Employ continuous quality improvement and innovation to accommodate the changing needs of older adults.

5. A description of planned special projects and partnerships.

Region VII AAA continues work to expand the array of evidence-based workshops available to older adults in our PSA, with a focus on health promotion recruitment from around the region to become lay leaders and coaches. During this MYP cycle the agency will explore adding additional offerings as desired by the local communities.

Region VII AAA has secured a Medicare billing number which will be used to seek reimbursement of Medical Nutrition Therapy (MNT) and Diabetes Self-Management Training (DSMT). This enhances the agency's implementation of the Diabetes education process.

Agency staff work with the Hospital Council of East Central Michigan (HCECM) on efforts to identify and prioritize new projects and also to continue work on non-emergency transportation improvements and care transitions.

Advocating for improvements in non-emergency medical transportation across the entire planning and service area are underway with research and programming in various stages of development around the region.

Staff represent the needs of older adults and minority older adults in Saginaw County on the Health Improvement and Social Equity workgroup being facilitated by the Ezekiel Project.

The agency supports the efforts of a population health improvement project of the Central Michigan District Health Department which is expected to continue into FY 2017. Shared counties include: Clare, Gladwin and Isabella.

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6. A description of specific management initiatives the area agency plans to undertake to achieve increased efficiency in service delivery, including any relevant certifications or accreditations the area agency has received or is pursuing.

It is expected that CARF accreditation will benefit all associated with the agency and lead to interest in process improvement activities agency-wide. Accreditation will demonstrate our quality operation and ongoing commitment to older adults and people with disabilities in our PSA. Once Region VII becomes CARF accredited we will focus on continuing high quality services and implementing any recommendations made by the CARF surveyors.

7. A description of how the area agency's strategy for developing non-formula resources (including utilization of volunteers) will support implementation of the MYP and help address the increased service demand.

1. Region VII AAA employs a Program Development and Grants Manager who seeks out funding sources to launch and sustain new services and programs of use to older adults and persons with disabilities that are not able to be funded by state and federal government sources. Throughout the PSA, most county units on aging and other contracted service providers have robust volunteer programs with several counties consistently being recognized for the quantity and quality of time and talent being donated in the community where they live and work. Within Region VII AAA, volunteers are used minimally but do include Medicare Medicaid Assistance Program, (MMAP) counselors and intern social work student(s) doing a gerontology research or advocacy project.

The agency will be exploring the feasibility of writing a joint funding proposal with the Hospital Council of East Central Michigan for the purpose of enhancing the delivery of health care to older adults in rural areas.

During the MYP cycle, Region VII AAA and partner organizations will seek methods to remedy the shortage of volunteer home-delivered meal drivers in rural communities where this is not a paid position. This issue has been brought to the Advisory Council and they have interest in finding long-term solutions.

To address potential increased demand for services, Region VII AAA will begin work with county unit on aging directors and others on identifying best practices and methods to serve persons who desire services and have the ability to purchase them as a way to reduce the strain on the Older American Act budget, and stretch the taxpayer dollar.

8. Highlights of strategic planning activities.

1. Region VII AAA's Strategic Plan dashboard for the MYP cycle includes the following goals: Mitigating financial risk, ensuring operational viability, increasing legislative advocacy efforts, increasing agency awareness and involvement of Integrated Care pilot projects, promoting information and assistance and awaiting direction from AASA regarding ADRC development. There will be a continuation of efforts to improve agency performance and quality scores.

Public Hearings

The area agency must employ a strategy for gaining MYP input directly from the following: the planned service population of older adults, caregivers and persons with disabilities, elected officials, partners, providers and the general public. The strategy should involve multiple methods and may include a series of input sessions, use of social media, online surveys, etc.

At least two public hearings on the FY 2017-2019 MYP must be held in the PSA. The hearings must be held in an accessible facility. Persons need not be present at the hearings in order to provide testimony: e-mail and written testimony must be accepted for at least a thirty (30) day period beginning when the summary of the MYP is made available.

The area agency must post a notice of the public hearing(s) in a manner that can reasonably be expected to inform the general public about the hearing(s). Acceptable posting methods include, but are not limited to: paid notice in at least one newspaper or newsletter with broad circulation throughout the PSA; presentation on the area agency's website, along with communication via e-mail and social media referring to the notice; press releases and public service announcements; and a mailed notice to area agency partners, service provider agencies, Native American organizations, older adult organizations and local units of government. The public hearing notice should be available at least thirty (30) days in advance of the scheduled hearing. This notice must indicate the availability of a summary of the MYP at least fifteen (15) days prior to the hearing, and information on how to obtain the summary. All components of the MYP should be available for the public hearings.

Complete the chart below regarding your public hearings. Include the date, time, number of attendees and the location and accessibility of each public hearing. Please scan any written testimony (including e-mails received) as a PDF and upload on this tab. A narrative description of the public input strategy and hearings is also required. Please describe the strategy/approach employed to encourage public attendance and testimony on the MYP. Describe all methods used to gain public input and the resultant impact on the MYP.

| Date | Location | Time | Is Barrier Free | No. of Attendees |
|------------|------------------------------|----------|-----------------|------------------|
| 03/18/2016 | Isabella County Commission o | 10:00 AM | Yes | 12 |
| 03/18/2016 | Tuscola County Tech Center | 02:00 PM | Yes | 9 |
| 05/17/2016 | Saginaw County CAC | 11:00 AM | Yes | 15 |
| 05/17/2016 | Region VII AAA Conference C | 05:30 PM | Yes | 3 |

Narrative:

A public input session was held on March 18, 2016 at the Isabella County Commisison on Aging a recognized focal point in our Planning and Service Area. Participants mentioned the importance of core senior programs

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remaining intact as new ideas and service offerings may take away from existing, with meal programs being mentioned as highly important to older adults, followed by in-home services.

Additional conversations centered around the confusion and varying quality of Assisted Living, AFC Adult Foster Care homes and the question of why there is not more regulation in this industry.

Where tribal members receive aging services, there is a contingent of persons affiliate with the tribe but who may not be members who would benefit from increased services and supports.

The shortage of and recruitment of volunteers in some rural areas was discussed. Isabella COA has a robust program which to some extent they attribute to being located in Mt. Pleasant which is home to Central Michigan University.

The need for increased education and palliative care options for the extreme elderly who do not need nursing facility level of care, legislative issues including requiring older adults to appear at the Secretary of State office to renew their driving license and Medicare reimbursement rates rounded out this input session.

At 2 p.m., also on March 18, 2016 we hosted a pre-planning public input session at the Tuscola Tech Center in Caro, Michigan. Attendees at this location represented service providers, Region VII AAA staff, hospitals, and service providers. Similar concerns and issues were discussed, with the addition of a conversation about elder abuse prevention and nursing home advocacy as a need for families and the resident.

Infestation, specifically insects, like bed bugs, which are difficult and often costly to eradicate was discussed with the request for education, funding and how problems like this are impacted by a lack of finances or ability to maintain the home, and if networking with local townships and other units of government would be practical and productive.

The need for demand response transportation and mobility managers came up as did the gap in technology often experienced by older adults.

The Fairgrove community was identified as a new area that is experiencing an economic downturn and a location where residents are mostly older adults.

A conversation about dementia education adult day care, home-delivered meals and in-home services rounded out the conversation.

Two formal Public Hearings were held on May 17, 2016 the 11 a.m. was specifically planned in zipcode 48601 at a well known Community Action Agency. This organization did a great job assisting us in promoting the opportunity to comment on the plans and 15 persons attended. Comments included the need for more outreach to minority populations, the need for street repairs (we connected this couple with their City Council representative as the issue was outside the scope of our MYP), interest in advocacy opportunities and what persons may be doing to encourage volunteerism for younger, but retired older adults. Accessibility, ramp building, housing repairs, transportation improvements that are needed and dementia education and training were discussed.

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At 5:30 p.m., we held a public hearing opportunity at the Region VII AAA Conference Center, 3 people attended including a representative from WSGW 790AM news and talk radio. The media coverage reminded persons that the comment period continues on for ten days and supplied the number to reach our agency. Comments at this hearing included linking and connecting older adults who have income and assets above Medicaid eligibility with services and supports and also an in-depth conversation about Medicare's complexity and how the MMAP (Medicare Medicaid Assistance Program) may be a useful resource to those in need of help with prescription drugs and diabetic supplies.

Written comments were also submitted as follows:

Executive Director of Saginaw County Housing Commission-"We feel there is a lack of access for our residents to regular health screening activities, medication set-up, monthly information sessions, personal grooming, social activities, etc. Lack of access is a result of transportation, mobility issues, self-determination and cognitive impairments. To address the lack of access, we would like services to be offered on site at our elderly/disabled high-rises..."

Tuscola County Human Service Collaborative Coordinator-"Are there any funds to help with our food truck for the EXPO as we have many aged we serve..."

CEO/Administrator Reliacare Home Health Services-"People who do not qualify for waiver are the under-served population. They could be helped with the following: Medication set-ups, Transportation, needs of younger persons with disabilities who do not meet waiver criteria yet still need help."

Huron County Human Service Collaborative Coordinator-"Huron county stands in need of more transportation funds for elderly frail residents and out of county transportation for non-emergency medical transportat." "Huron county needs more older adults served for personal care and respite. This may be an issue of securing qualified staffing, or funding or both."

Scope of Services

The number of potentially eligible older adults who could approach the area agency's coordinated service system are increasing because of the age wave explosion. Additionally, the quantity and intensity of services that the area agency and its providers are expected to arrange, coordinate and provide for new and existing service populations are increasing. There is an exponentially growing target population of the "old-old" (85-100 +) who often present with complex problems, social and economic needs and multiple chronic conditions. They require more supports coordination and care management staff time to assess, provide service options, monitor progress, re-assess and advocate for the persons served and their caregivers. Area agency partnerships with the medical and broader range of long term care service providers will be essential to help address these escalating service demands with a collective and cohesive community response.

A number of these older individuals with complex needs also have some form of dementia. The prevalence of dementia among those 85 and older is estimated at 25-50%. The National Family Caregiving Program (Title III E funding) establishes "*Caregivers of older individuals with Alzheimer's disease*" as a priority service population. Area agencies, contracted providers and the broader community partners need to continually improve their abilities to offer dementia-capable services to optimally support persons with dementia and their caregivers.

Enhanced information and referral systems via ADRCs, 211 Systems, and other outreach efforts are bringing more potential customers to area agencies and providers. With emerging service demand challenges it is essential that the area agency carefully evaluates the potential, priority, targeted and unmet needs of its service population(s) to form the basis for an effective PSA Scope of Services and Planned Services Array strategy. Provide a response to the following service population evaluation questions to document service population(s) needs as a basis for the area agency's strategy for its regional Scope of Services.

1. Describe key changes and current demographic trends since the last MYP to provide a picture of the potential eligible service population using census, elder-economic indexes or other relevant sources of information.

Region VII AAA is currently planning for the increase in "Baby Boomers" who are, or who soon will be eligible for aging services and the increase in extreme elderly which we identify as persons age 85 and older. These two groups bookend the population eligible for services and Region VII AAA.

Our strategies include addressing the differences in expectations and needs for the younger older adult, those in middle of the service stream, and the extreme elderly who rely more on the in-home services and supports. A priority during this MYP will be to link with hospital discharge planners and others who engage in Care Transition activities with the intent to provide the home and community-based supports that reduce hospital readmissions and healthcare costs.

There are an estimated 160,000 older adults eligible for services in the Region VII's Planning and Service Area (PSA). This demographic is fairly consistent with slightly more women than men and with the median age

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of people from age 60 to the end of life with the average age within this group at about 70. 40% of older adults live alone and one in five are military veterans. 75% of older adults have income that positions them above the federal poverty level. The largest recognized minority groups are: African American, Hispanic, and Native Americans who reside on and off tribal lands. 97% of persons surveyed indicate that English is the language spoken in their home. Spanish would be the most prevalent foreign language. ---ACS 2010-2014, AASA and other sources.

2. Describe identified eligible service population(s) characteristics in terms of identified needs, conditions, health care coverage, preferences, trends, etc. Include older persons as well as caregivers and persons with disabilities in your discussion.

The organizational strengths of Region VII AAA as directed by the Older American Act and Michigan's Aging and Adult Services Agency focus on the 60+ older adult population. The agency also operates as a Medicaid MI Choice waiver agent which serves persons 65+ who meet a nursing facility level of care (NFLOC) eligibility and have Medicaid or who are 18 and older with disabilities, on Medicaid and meet the NFLOC eligibility requirement which makes them eligible for home and community-based services offered by the Mi Choice waiver.

Persons with disabilities and caregivers may chronologically fit into our core service offerings and connect with our traditional service array. We are experiencing an increase in caregivers younger than age 60 seeking information and support, as well as inquiries from persons with disabilities who are not eligible for our services.

Populations that have recently become more visible and that we will focus on in the MYP Targeting strategy include: connecting persons who are not tribal members but who are or have been associated with tribal members with aging services, Lesbian, Gay, Bi-sexual, Transgender or older adults questioning their sexual orientation (LGBTQ), employed persons under age sixty who are working and also coordinating or providing care for an older adult family member or friend, persons in previously viable communities left behind as businesses have closed, and African American individuals who are caring for a family member or friend who is experiencing dementia.

3. Describe the area agency's Targeting Strategy (eligible persons with greatest social and/or economic need with particular attention to low-income minority individuals) for the MYP cycle including planned outreach efforts with underserved populations and indicate how specific targeting expectations are developed for service contracts.

The public input sessions held prior to writing this draft plan highlighted new rural areas where older adults previously did not seem to be in as great a need. Our MYP outreach plans will include both known and unknown targets as we explore the underlying causes of the new pockets of poverty and look at ways we might remedy or strengthen the aging services safety net.

In FY 2017, we will look to set meetings to identify perceived or real gaps in service that may be filled using resources of Region VII AAA with concerns that were brought to our attention during the public input sessions:

Andahwood, which is the Saginaw Chippewa Indian Tribe aging programs and the Isabella County

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Commission on Aging which serves older adults in Isabella County would like to see more support for persons affiliated with tribal members, but who are not eligible for aging services from the tribe.

A meeting with the Human Development Commission in Tuscola/Huron county where the locality of Fairgrove has been identified as a new pocket of poverty where some older adults may benefit from outreach.

We will continue to work on improving targets identified in prior plans including parts of Saginaw City/County, and our most rural parts of Clare and Gladwin Counties and to a lesser extent in Gratiot county.

Region VII AAA's Contract Manager works diligently to make sure that service contracts are held by organizations serving minorities and that technical assistance is available upon request.

Regionwide, we will continue to address the needs of low-income LGBTQ older adults who seemingly lack the traditional access to Medicare Medicaid Assistance Programs (MMAP) yet qualify for the low income subsidies and extra help with Part D prescription drug plans.

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4. Provide a summary of the results of a self-assessment of the area agency's service system dementia capability using the ACL/AoA "Dementia Capability Quality Assurance Assessment Tool" found in the Documents Library. Indicate areas where the area agency's service system demonstrates strengths and areas where it could be improved and discuss any future plans to enhance dementia capability.

Initial review of the State Entities Dementia Capability Quality Assurance Assessment Tool finds for the questions in ***Component #1: Identification of people with possible cognitive impairment or dementia and their primary caregiver.*** Region VII AAA does not currently have standardized protocols in place for identifying people with possible dementia or cognitive impairment except when using Medicaid MI Choice home and community-based waiver funds to do a client assessment for that program.

Also in ***Component #1*** when asked if a person is identified with possible dementia or cognitive impairment, is there a standard protocol used by Region VII AAA for referral to a physician or clinic for a diagnostic evaluation? In response to this question, in the past Title III-D funds were used to subsidize Geriatric Outreach and Evaluation which included a standardized dementia screening tool. This practice was limited to the Central Michigan Medical School CMED program for clients who were residents of Saginaw County and who may have additional means to pay.

Component #2: Staff training about cognitive impairment, dementia and dementia care specifically Region VII AAA staff. Employees interested in this topic may initiate the request and attend an educational event, typically for RN's and SW's that would generate continuing education credits. The agency does not have a standardized program of education specific to dementia. It should be noted that there are educational programs and practices in use by contracted service provider and purchase of service organizations but these are not typically available to Region VII AAA staff.

Component #3: Provision of specialized services for people with a cognitive impairment, or dementia and their caregivers. Region VII AAA staff have provider lists that cover entities in all ten counties and include adult day care, specialized adult day care, respite, caregiver training, workshops and more. Region VII AAA may offer a T-CARE assessment to caregivers who meet criteria.

5. When a customer desires services not funded under the MYP or available where they live, describe the options the area agency offers.

Region VII AAA works to develop a safety net that includes all manners of not for profit, government and privately-funded health, human service and community benefit organizations that may be utilized when an individual is in need of a service or program that does not fall within our mission. To that end, we work closely with contracted and purchase of service providers, 211 North East Michigan, United Way organizations, and civic groups that often provide useful health screenings and financial assistance, an example of this would be the Lion's Clubs which sometimes provide free vision screenings and help paying for eye glasses.

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6. Describe the area agency's priorities for addressing identified unmet needs within the PSA for FY 2017-2019 MYP.

Region VII AAA closely monitors the calls and requests for services which we are unable to meet and produce a monthly report. Transportation for those who no longer are able to drive continues to be our biggest unmet need.

In the MYP cycle we will continue to work on raising awareness and building working relationships that increase the potential for development of an adequate supply of transportation options and funding to pay for rides. This builds on work started in prior years and includes marketing "www.asknemo.org" a proprietary web-based transportation organizer used by hospital discharge planners and Region VII AAA MI Choice waiver staff.

Staff take a leadership role in representing the needs of older adults throughout the PSA on transportation workgroups and committees. Additionally, we encourage the state to move the medical transportation benefit into the Medicaid MI Choice waiver.

7. Where program resources are insufficient to meet the demand for services, reference how your service system plans to prioritize clients waiting to receive services, based on social, functional and economic needs.

To assure that the most vulnerable older adults are receiving services paid for in part by the Older American's Act, the Region VII AAA Contracts Manager closely monitors any potential waiting list held by contracted service providers.

In the event that a crisis or funding shortfall becomes imminent, Region VII AAA management would implement its prioritizing schedule for service provision.

8. Summarize the area agency Advisory Council input or recommendations (if any) on service population priorities, unmet needs priorities and strategies to address service needs.

Region VII AAA Advisory Council received strong input from participants of congregate dining sites that are experiencing low attendance. Most of these individuals are advocating to continue service at these sites. The Region VII AAA Advisory Council has expressed concern in the reduction of congregate and home-delivered meals in four counties served by Region VII AAA, and members have participated in Senior Council meetings to discuss the reasons for the decrease in service.

The shortage of volunteer drivers to deliver meals is a topic of frequent conversation at Region VII AAA's Advisory Council meetings. We anticipate some strategy to remedy this problem during the MYP cycle.

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9. Summarize how the area agency utilizes information, education, and prevention to help limit and delay penetration of eligible target populations into the service system and maximize judicious use of available funded resources.

Region VII AAA does not deny services to older adults who request them and meet eligibility.

To assist people age 60 and older to stay healthy and delay entry into aging services, we circulate opportunities for nutrition, fitness, support and help group and social programs from organizations within our PSA to about 500 professionals, many who in turn distribute or forward the announcements to their own network. This helps people access information about preventative programs, education and free health screenings.

During this MYP cycle Region VII AAA will fully implement their evidence-based workshop array and become efficient in providing and securing reimbursement from Medicare for Diabetes Self Management Training (DSMT) and Medical Nutrition Therapy (MNT)..

Region VII AAA participates in a number of Senior Health Fairs and other events within our PSA where older adults can learn about the services available, and in some cases find solutions that may delay their need for programs and services offered by the aging network.

Planned Service Array

Complete the 2017-2019 MYP Planned Service Array form for your PSA. Indicate the appropriate placement for each AASA service category and regional service definition. Unless noted otherwise, services are understood to be available PSA-wide. There is a required narrative related to the Planned Service Array in the following section. The narrative should describe the area agency's rationale/strategy for selecting the services funded under the MYP in contrast to services funded by other resources within the PSA, especially for services not available PSA-wide.

| | Access | In-Home | Community |
|---------------------------|--|--|---|
| Provided by Area Agency | <ul style="list-style-type: none"> Care Management Information and Assistance | | |
| Contracted by Area Agency | <ul style="list-style-type: none"> Care Management Case Coordination and Support Outreach * Transportation * | <ul style="list-style-type: none"> Chore * Homemaking Home Delivered Meals Personal Care Respite Care * | <ul style="list-style-type: none"> Adult Day Services Congregate Meals Disease Prevention/Health Promotion Home Repair * Legal Assistance Long-term Care Ombudsman/Advocacy Senior Center Operations * Senior Center Staffing * Programs for Prevention of Elder Abuse, Neglect, and Exploitation Caregiver Supplemental Services Kinship Support Services Caregiver Education, Support and Training |
| Local Millage Funded | <ul style="list-style-type: none"> Information and Assistance Outreach * Transportation * | <ul style="list-style-type: none"> Chore * Personal Care * | <ul style="list-style-type: none"> Nutrition Counseling * Senior Center Staffing * Creating Confident Caregivers * |
| Participant Private Pay | | | <ul style="list-style-type: none"> Dementia Adult Day Care * Health Screening Assistance to the Hearing Impaired and Deaf Vision Services Counseling Services |
| Funded by Other Sources | | | <ul style="list-style-type: none"> Creating Confident Caregivers * |

* Not PSA-wide



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Planned Service Array Narrative

Describe the area agency's rationale/strategy for selecting the services funded under the Multi-Year Plan in contrast to the services funded by other resources within the PSA, especially for services not available PSA wide.

Region VII AAA's planned service array reflects the preferences of the local communities within our PSA. Agency staff work continuously and closely with county unit on aging staff and other providers of human services to identify gaps in service, locate new sources of funding for aging services, launch new programs that match a community's need, and to strengthen the safety net for older adults and people with disabilities.

Strategic Planning

Strategic Planning is essential to the success of any area agency on aging in order to carry out its mission, remain viable and capable of being customer sensitive, demonstrate positive outcomes for persons served, and meet programmatic and financial requirements of the payer (AASA). All area agencies are engaged in some level of strategic planning, especially given the changing and competitive environment that is emerging in the aging and long-term-care services network. Provide responses below to the following strategic planning considerations for the area agency's MYP.

1. Summarize an organizational Strengths Weaknesses Opportunities Threats (SWOT) Analysis.

Strengths:

- -Longevity in aging services since 1974
- The AAA's were mandated by the Older American's Act (OAA) in 1965
- All ten counties within our PSA have senior millages to assist in providing senior programs and services
- Strong financial position as demonstrated by our annual financial audits and management letters
- Strong Person Centered (PC) approach in dealing with our clients. At least 90% of staff; especially all I&A and WA/CM staff have had formalized PC training and Region VII has a PC Master Trainer on staff
- Provide high quality programs as demonstrated by compliance with AASA, HCBS- WA, MMAP, Title-V and Evidenced Based Program standards/guidelines and the results from I&A and Waiver/Care Management client surveys
- Strong advocacy efforts at the local, state and federal level for older adults and persons with disabilities regarding their individual concerns and service needs. The Senior -Advisory Group (SAG) with over 200 advocates within our PSA, coordinated by Region VII's Program Manager; the Agency has three Michigan Senior Advocates Council (MSAC) members; and staff advocate on behalf of our senior and disabled population for their program and service needs
- Hardworking and dedicated staff with a very high retention rate and less than a 2% turnover rate during the past five years. Employee evaluations are done per policy and they evaluate the employee's performance of their job responsibilities which demonstrates a high level of efficiency
- High customer satisfaction, as demonstrated by agency survey results

Weakness:

- -Public awareness of what we do - survey comments indicate we should advertise more
- Walk-in clientele is only accessible at our two office locations in our ten county PSA – looking into the possibility ADRC/I&A staff visiting the other eight counties at a designated location to assist clientele one-on-one
- Funding is heavily weighted from one source - the HCBS Mi-Choice WA program. Region VII is looking into alternative funding sources for Agency financial stability
- Lack of smart phone communication technology with staff who are working out in the field – looking into having smart phones in place by the first quarter of FY-16 for all staff that are performing out-of-office work
- Not enough waiver staff and adding new staff - training is extensive and time consuming and RN's are difficult to hire due to wage constraints
- Not enough WA in-office staff time to cover incoming client calls – due to high caseloads and the Agency is

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looking into ways to work smarter

Opportunities:

- CARF Accreditation
- Private pay program development
- Medicare Certification for DSMT and MNT billing
- Diabetes Accreditation
- Working towards an increase in waiver client enrollments via working with MI Health Link (Integrated Care) organizations
- Continue to build ADRC and community partnerships
- Collaboration with Hospitals for Care Transitions and Non-Medical Transportation

Threats:

- Staff turnover and retirements require extensive learning curves especially with upper management positions
- Agency financial viability – Possible Federal and State funding decreases and too dependent on Mi-Choice WA funding
- Medicaid waiver capitation rates could change
- Ever increasing employee benefit costs (Health, Dental, Vision, STD, LTD, etc.)
- Possibility of losing the waiver program due to Integrated Care
- Unknown factor of how the proposed "Prosperity Regions" will affect the Agency's PSA
- Lack of volunteers especially for the delivery of Home Delivered Meals (Meals on Wheels) throughout our rural PSA

2. Describe how a potential greater or lesser future role for the area agency with the Home and Community Based Services (HCBS) Waiver and/or the new Integrated Care Program could impact the organization.

1.The Region VII AAA planning and service area does not fall within any of the current Integrated Care (IC) pilot projects. To glean information about the methods being used in a pilot project area, Region VII AAA contracted with AAA 1-B sending a Registered Nurse from our Medicaid MI Choice Waiver program to work as part of a Care Team in the AAA 1-B planning and service area. This experience returned to the agency knowledge about the various assessment tools and coordination of care procedures being utilized by participating Health Maintenance Organizations (HMO's) in the IC piloted areas.

We anticipate that there will be significant changes to the MI Choice waiver and all Medicaid long-term care service streams during the MYP cycle. When that time comes, the Board of Directors and management at Region VII AAA will have to make adjustments to accommodate the changes.

3. Describe what the area agency would plan to do if there was a ten percent reduction in funding from AASA.

1.In the event of a 10% reduction from AASA, the Region VII AAA Board of Directors and management would implement a course of action to lessen the impact of service cuts, and to maintain critical nutrition and in-home services for the most vulnerable older adults. This course of action would be very similar to what the Agency has in place for prioritizing services in the event of a Governmental shutdown.

4. Describe what direction the area agency is planning to go in the future with respect to pursuing, achieving or maintaining accreditation(s) such as Commission on Accreditation of Rehabilitation Facilities (CARF), Joint Commission on Accreditation of Hospitals (JCAH), or other accrediting body, or pursuing additional accreditations and why.

Region VII AAA is being surveyed in May 2016 for CARF accreditation in the Aging Services Network, Home and Community Services and Case Coordination categories. It is expected that this accreditation will benefit all associated with the agency and lead to interest in process improvement activities agency-wide. CARF accreditation will demonstrate our quality operation and ongoing commitment to older adults and people with disabilities in our planning and service area.

5. Describe in what ways the area agency is planning to use technology to support efficient operations, effective service delivery and performance, and quality improvement.

1. Region VII AAA recently implemented a new agency-wide Voice Over Internet Protocol (VOIP) phone system with full call center and web-casting capabilities. Apple iPhones (Smart Phones) are utilized by our field staff and we hired a full-time Information Technology/Computer Specialist-HIPAA Security Officer to maintain the various software systems; to purchase any future hardware needs; and to make sure that all Network connectivity is secured and HIPAA compliant. Field staff laptops are all whole disk encrypted and encryption software is utilized to encrypt all outgoing email containing protected health information (PHI) when communicating client related information.

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Access Services

Some access services may be provided to older adults directly through the area agency without a service provision request. These services include: Care Management, Case Coordination and Support, Disaster Advocacy and Outreach Programs, Information and Assistance, Outreach, and MATF/State Caregiver Support funded Transportation. If the area agency is planning to provide any of the above noted access services directly during FY 2017-2019, complete this section.

Select from the list of access services the area agency plans to provide directly during FY 2017-2019 and provide the information requested. Also specify the planned goals and activities that will be undertaken to provide the service in the appropriate text box for each service category.

Direct Service Budget details for FY 2017 are to be included under the appropriate tab in the Area Plan Grant Budget. The funding identified in this tab should correspond to the funding (Federal OAA Title III or VII and State funds) identified in the Area Plan Grant Budget, Direct Service Budget details. The Area Plan Grant Budget uploaded and saved in AMPS must include Direct Service Budget details.

Care Management

Starting Date 10/01/2016

Ending Date 09/30/2017

Total of Federal Dollars

Total of State Dollars \$138,160.00

Geographic area to be served

Huron, Sanilac, and Tuscola

Specify the planned goals and activities that will be undertaken to provide the service.

Goal 1: Ensure appropriate care delivery to program participants.

Activities: Initial assessments and quarterly reassessments by qualified, unbiased, professional Supports Coordinators (Registered Nurses, Licensed Social Workers) will ensure that participants receive necessary assistance to remain in their home and community based setting through the development of person centered plans of care with a strong emphasis on community resources.

Goal 2: Build and maintain professional relationships to ensure that quality care is provided to program participants.

Activities: Supports Coordinators will continue to increase their knowledge of available community resources and will ensure effective communication with home care aides and purchase of service providers. Each participant will receive quality care from trained professionals. On-site monitoring by trained staff and semi-annual peer review reinforces the commitment to quality care.

Goal 3: Enhance the agency Quality Management Plan.

Activities: Supports Coordinators and Agency staff (Waiver Director, Supervisors, Quality Manager) will ensure that program participants receive optimal person centered, high quality care that meets or exceeds the established standards of care set forth by the Michigan Department of Health and Human Services (MDHHS) and the Aging and Adult Services Agency (ASSA) through the development, implementation, and monitoring of Quality Assurances and Quality Improvements.

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Goal 4: Maintain on-going communication with AASA staff regarding Care Management policies, procedures, and practices.

Activities: Attendance and participation at Care Management meetings when sponsored by AASA.

Goal 5: Ensure continued participation with the Tailored Caregiver Assessment and Referral Program (T-CARE).

Activities: Supports Coordinators will participate in training opportunities as they become available. The needs of caregivers will be identified and addressed by competent, trained Supports Coordinators in order to assist them in their provision of informal support to participants.

Goal 6: Continue to work towards the implementation of the Community Living Program.

Activities: Supports Coordinators will continue to participate in training opportunities and attend local meetings throughout the 10-county region. Supports Coordinators will honor participant choice and will work with the participant to maintain their independence in the least restrictive based on their preferences and objectives.

| | | | | |
|--|---------------|------|--------------------|------|
| Number of client pre-screenings: | Current Year: | 48 | Planned Next Year: | 60 |
| Number of initial client assessments: | Current Year: | 16 | Planned Next Year: | 20 |
| Number of initial client care plans: | Current Year: | 16 | Planned Next Year: | 20 |
| Total number of clients (carry over plus new): | Current Year: | 58 | Planned Next Year: | 60 |
| Staff to client ratio (Active and maintenance per Full time care | Current Year: | 1:45 | Planned Next Year: | 1:48 |

Information and Assistance

Starting Date 10/01/2016 Ending Date 09/30/2017

Total of Federal Dollars Total of State Dollars \$61,716.00

Geographic area to be served

All Ten Counties

Specify the planned goals and activities that will be undertaken to provide the service.

1.) Participate in the National and State Organizations for I&A. Continuing education as it relates to I&A and maintain certification from the Alliance of Information and Referral Certification in aging/disability. The Region VII Area Agency on Aging will continue to conduct semi-monthly Quality Assurance Surveys which is 10% of the I&A calls received and provide follow up as needed.

2.) Promote and provide up to date information / resource exchange of services and programs in all Counties. The Area Agency will conduct one round table training a year to promote collaboration and information sharing between other community agencies in our PSA.

3.) Bring Unmet Needs to quarterly Performance Improvement meeting for discussion and use findings for future program development.

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4.) Update Region VII's website as well as the Information / Services / Resources links. Update Region VII information materials, as needed, for the community in all counties. Utilize social media to make community aware of Region VII services / programs/ resources. Promote public awareness to community groups and faith-based organizations within all Region VII Counties. Attend Senior Fairs and Project Connects within all Region VII Counties.

Program Development Objectives

Please provide information for all program development goals and objectives that will be actively addressed during the MYP.

New Required Goal/Objective: There is a new priority program development goal/objective area that is required. This is a goal that centers on aging network, public, municipal and private partnerships to assess the aging-friendliness of communities to make them Communities for a Lifetime (CFL) and help them to retain and attract residents of all ages so the communities can thrive and have access to goods, services and opportunities for quality living across the lifespan:

CFL Goal: More communities in the PSA will conduct an aging-friendly community assessment and apply for recognition to AASA as a CFL.

The Minimum Objective: One new community in the PSA will receive recognition as a CFL by 9/30/19.

For technical assistance with developing CFL objectives, narratives, timelines, planned activities and expected outcomes, contact the AASA Lead staff for the CFL Program, Dan Doezema at doezemad@michigan.gov, or 231-929-2531.

The area agency must enter each program development goal in the appropriate text box. It is acceptable, though not required, if some of the area agency's program development goals correspond to AASA's State Plan Goals. There is an entry box to identify which, if any, State Plan Goals correlate with the entered goal. A narrative for each program development goal should be entered in the appropriate text box. Enter objectives related to each program development goal in the appropriate text box. There are also text boxes for the timeline, planned activities and expected outcomes for each objective. (See Document Library for additional instructions on completing the Program Development section.)

Area Agency on Aging Goal

- A. Encourage communities in our ten county planning and service area that are not already designated as a Community For A Lifetime (CFL) to consider engaging in the process.

State Goal Match: 1

NARRATIVE

Region VII AAA will meet with each county unit on aging to discuss the best way to approach localities within their county and then develop a marketing and outreach plan that includes visits and information about CFL for officials, chamber of commerce and economic development groups including the offer of technical assistance to groups interested in this designation.

OBJECTIVES

1. One new community in the Region VII AAA planning and service area will receive recognition as a CFL by 9/30/19.

Timeline: 10/01/2016 to 09/30/2019

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Activities

Work with county unit on aging directors and staff to develop an outreach plan. Implement plan.

Expected Outcome

One new community in the Region VII AAA planning and service area will secure CFL designation.

- B. Promote and increase the awareness of Region VII AAA programs and services to communities and individuals by 8%.

State Goal Match: 2

NARRATIVE

Develop baseline indicators that measure an increase in awareness of agency programs services to healthcare providers, potential partners, caregivers, and minority populations including LGBT older adults, tribal members and adults who are age 60 or older and persons with disabilities.

OBJECTIVES

1. Develop method of documenting efforts to improve outreach and awareness with all populations, and specifically with those affiliated with tribal groups, gay older adults and persons with disabilities.

Timeline: 10/01/2016 to 09/30/2019

Activities

Create tool to measure progress. Implement use of it.

Expected Outcome

8% increase in recognition of agency's services and supports.

- C. Improve agency performance and quality scores by 1% from the prior year's satisfaction surveys and the Waiver and Care management AQAR and CQAR scores.

State Goal Match: 2

NARRATIVE

Region VII AAA will develop performance and quality indicators relative to this goal.

OBJECTIVES

1. Improve agency performance in home and community-based programs by 1% each year for three years.

Timeline: 10/01/2016 to 09/30/2019

Activities

Region VII AAA will develop and implement tools to monitor performance in the home and community-based waiver and care management programs.

Expected Outcome

By 9/30/19 satisfaction rates will be improved by 3%.

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- D. Promote Region VII AAA's Information and Assistance program and train this staff to become Aging and Disability Resource Center (ADRC) Options Counselors and Alliance of Information and Referral Systems (AIRS) specialists.

State Goal Match: 5

NARRATIVE

Region VII AAA will continue to educate Information and Assistance staff so they can meet the needs of older adults, caregivers and service providers in the planning and service area.

OBJECTIVES

1. Persons working in the Information and Assistance department who have not yet achieved AIRS certification will do so during the MYP cycle, should Michigan secure funding for the ADRC projects, staff will be educated in Options Counseling techniques.

Timeline: 10/01/2016 to 09/30/2019

Activities

AIRS and Options Counseling Training as available and needed.

Expected Outcome

Persons working in Region VII AAA's Information and Assistance department will be educated in Options Counseling techniques and will be AIRS certified by 9/30/2019.

- E. Increase agency awareness and involvement in Integrated Care/MI Health Link.

State Goal Match: 6

NARRATIVE

Region VII AAA management will continue to monitor and assess organizational preparedness to participate in the Michigan Health Link/Integrated Care (IC) demonstration project for the dual-eligible (Medicare/Medicaid) population and other statewide long-term care (LTC) managed care initiatives.

OBJECTIVES

1. Monitor and review available information regarding I.C. and Managed care LTC projects.

Timeline: 10/01/2016 to 09/30/2019

Activities

Communicate with I.C. pilot projects, AASA, 4 AM and others as necessary to glean information to position Region VII AAA for participation in managed care projects in the future.

Expected Outcome

Region VII AAA will be ready to engage in I.C. and/or LTC managed care projects as they are available.

- F. Increase advocacy for senior long-term care (LTC) needs with state and federal legislators.

State Goal Match: 1

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NARRATIVE

Region VII AAA will continue to educate lawmakers about the cultural, economic and social contributions and needs of older adults in their planning and service area.

OBJECTIVES

1. Educate lawmakers about the needs of older adults in their districts.

Timeline: 10/01/2016 to 09/30/2019

Activities

Develop and deploy a communication strategy on pertinent senior issues to disseminate Region VII AAA's advocacy strategy statement to lawmakers, key policy makers and stakeholders who have political influence.

Expected Outcome

Lawmakers will have a better understanding of the demographics of older adults in their districts and the funding needed to support home and community-based services.

- G. Ensure Region VII AAA financial and operational viability and stability in providing long-term care (LTC) programs.

State Goal Match: 6

NARRATIVE

The Executive Director will work to assess and mitigate current financial and operational threats to the agency's sustainability.

OBJECTIVES

1. Improve the effectiveness, efficiency and quality of services.

Timeline: 10/01/2016 to 09/30/2019

Activities

Engage in continuous quality improvement activities.

Expected Outcome

Efficient use of funding for service delivery.

Advocacy Strategy

Describe the area agency's comprehensive advocacy strategy for FY 2017-2019. Describe how the agency's advocacy efforts will improve the quality of life of older adults within the PSA.

We believe that every person affiliated with Region VII AAA plays a role in maintaining and strengthening the safety net for older adults and persons with disabilities by advocating as appropriate for legislative action, adequate funding and full community inclusion. This includes clients and their families, friends and natural supports, employees, volunteers, policy board and advisory council members, purchase of service providers and staff and the county units on aging. The efforts described below are time-tested and improve the quality of life for older adults in our planning and service area. We plan to maintain and expand these methods as we enter into the FY 2017-2019 MYP cycle.

Advocacy by those in positions of influence and leadership

The Region VII AAA Advisory Council members are influential in advocating on behalf of older adults in their county. They visit senior centers and congregate meal sites and engage in conversation with older adults. Concerns that may impact quality of life and service delivery at the local level are brought to the Advisory Council meetings which are held ten times a year. Many Advisory Council members are familiar with the political processes and are active in contacting their lawmakers when the need arises.

At the state level, the agency has three persons representing our planning and service area on the MSAC (Michigan Senior Advocates Council), two representatives and one current vacancy on the state's SAC (Senior Advisory Council). Region VII AAA is represented on the statewide Silver Key Coalition a group working with lawmakers to make Michigan a "No Wait State" for aging services.

Staff, client and service provider efforts

Region VII AAA's leadership team writes letters of support for projects tailored to improve population health, access to services, and more.

Staff working in contracting and planning roles provide technical assistance when asked by an organization or group to supply statistics to justify an increase in funding, or expansion or alteration of services. Registered Nurses (RN) and Social Workers (SW) are the first line of advocacy on behalf of clients of the Medicaid MI Choice Waiver and available to educate the workforce serving clients on their case load at adult foster care homes, homes for the aged, licenses operating as assisted livings and for workers going into private residences. Programs include Training to Prevent Adult Abuse and Neglect (TPAAN) are available to educate caregivers on the signs of abuse, self-neglect and financial exploitation and orient them to their obligation as mandated reporters of abuse, neglect and exploitation of any vulnerable adult in Michigan.

Staff meet routinely with state and local lawmakers and participate in meetings where issues of aging and long-term care are discussed.

Service provider meetings are held semi-annually and include updates on various advocacy issues. Additionally, the agency's secure electronic message sharing portal "Vendor View" is used to disseminate



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information to providers in our ten county planning and service area in a timely secured manner.

The agency has a large number of dedicated caring staff who advocate for the needs of their clients, and who stand with them each year alongside other service providers and caregivers as they share a common legislative platform with lawmakers at Older Michiganian Day.

Informal advocacy opportunities

People with a desire to advocate for aging services are invited to join the Senior Advisory Group (SAG) and receive e-mail updates on advocacy issues and reminds citizens to interact with lawmakers and support legislation that safeguards and improves services and programs for older adults and persons with disabilities. The Senior Advisor Newsletter is distributed four times a year in print and electronically to nearly 1,000 people in the Great Lakes Bay region and surrounding counties and summarizes the efforts of the Senior Advisory Group.

Materials with the agency's contact information imprinted on them are distributed when a person is encountered who may benefit from connecting with Region VII AAA's phone number, website address, or e-mail is easily supplied. Examples include posters with tear-off telephone numbers, pens, and program brochures detailing services. These materials direct the information seeker to the Region VII AAA website, toll-free phone number, or office location.

Knowledgeable speakers from Region VII AAA are available to talk about the value of America's aging services network, including regional and local service offerings. Sharing this information along with some "take-away" materials as described above proves to be useful to businesses and organizations that provide services to older adults and people with disabilities as well as community, local government entities, civic, social and fraternal groups.

Leveraged Partnerships

Describe the area agency's strategy for FY 2017-2019 to partner with providers of services funded by other resources, as indicated in the Planned Service Array. Complete each dialog box below.

1. Include, at a minimum, plans to leverage resources with organizations in the following categories:
 - a. Commissions Councils and Departments on Aging.
 - b. Health Care Organizations/Systems (e.g. hospitals, health plans, Federally Qualified Health Centers)
 - c. Public Health.
 - d. Mental Health.
 - e. Community Action Agencies.
 - f. Centers for Independent Living.
 - g. Other

Commissions Councils and Departments on Aging

County units on aging represent all ten counties in the Region VII AAA planning and service area (PSA). Older American's Act funds are supplemented in all counties by tax millage. The agency's Executive Director and other staff meet quarterly with the Directors of the county units for an exchange of information. The Contracts Manager and Dietician host quarterly nutrition provider meetings to discuss requirements, sample new menu items and provide technical assistance. Staff at county units have priority when opportunities for coaches or leaders are needed to launch new evidence-based workshops. Region VII AAA MMAP Counselors and Title V SCSEP workers often work or volunteer at county units on aging.

Health Care Organizations/Systems (e.g. hospitals, health plans, Federally Qualified Health Centers)

In 2014, Region VII AAA took the initiative to become an affiliate member of the Hospital Council of East Central Michigan (HCECM). This organization represents hospitals in our PSA. This relationship allows for exchange of aging services information with hospital discharge planners. Region VII AAA staff are included in continuing education (CE) credit opportunities and have access to the non-emergency medical transportation organizer (www.asknemo.org) which was developed by Region VII AAA and the HCECM using a grant from the former Michigan Department of Community Health.

The agency is in its second-year of hosting Family Practice Residents from McLaren. Doctors who express interest in gerontology are provided a two-week rotation with Region VII AAA's Medicaid MI Choice Waiver program and an aging services overview. Region VII AAA contracts with McKenzie Hospital in Sandusky Michigan for prevention programs, and with CMED, Central Michigan University's medical school in Saginaw Michigan for geriatric assessments. Staff at many hospitals in our planning and service area have participated in training to become lay leaders for the evidence-based programs which they continue to offer in their communities.

As we progress through the 2017-2019 MYP cycle, Region VII AAA will begin implementing Medicare billable Medical Nutrition Therapies and Diabetes Self Management Training (DSMT). This value-added arrangement may be advantageous in strengthening relationships with hospitals and healthcare providers. Region VII AAA will call on the Federally Qualified Health Center (FQHC) and explore relationship development that goes beyond our current efforts which are limited to suggesting that those without health insurance or ability to pay

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consider contacting a FQHC. The agency continues to follow developments of the Affordable Care Act, with staff trained to assist persons in need of enrolling in health insurance using the Marketplace.

Public Health

Region VII AAA will continue to participate in population health improvement projects in communities throughout the planning and service area, Title V SCSEP program maintains host sites at some county health departments, and in some of our counties, the health department oversees the utilization of grant funds for projects we participate in that benefit older and vulnerable adults.

Mental Health

Region VII AAA has no formal relationships planned with Community Mental Health (CMH) organizations in part because those whose primary diagnosis is mental illness fit into residential waivers funded by CMH and those who contact our Information & Assistance specialists seeking mental health and substance abuse services are typically routed to the CMH closest to them. Staff work closely with CMH on workgroups and taskforces throughout the planning and service area. We are watching developments in Michigan's CMH system that have the potential to reshape service delivery.

Community Action Agencies

Region VII AAA makes referrals for utility assistance, commodity food and low-income housing assistance and weatherization to the four Community Action Agencies (CAA) in our planning and service area. The CAAs have MMAP program volunteers on-site and are often host sites for the Title V SCSEP program. We share a grant responsibility with Mid Michigan Community Action Agency for identifying and assisting low-income Medicare/Medicaid beneficiaries who may benefit from subsidies help paying for their Part D Drug plans. Human Development Commission which covers Huron, Sanilac and Tuscola counties is the contracted senior services provider offering nutrition programs, in-home supports, adult day care, caregiver training and more.

Centers for Independent Living

Region VII AAA, the Blue Water Center for Independent Living covering Huron, Sanilac and Tuscola county and the Disability Network of Mid-Michigan which covers the remaining seven counties in our planning and service area have a history of working together on projects that advance the health and welfare of persons with disabilities and older adults and as convening agencies for the ADRC of the Thumb, and ADRC of Central Michigan. Projects expected to continue into this MYP include outreach to low-income Medicare/Medicaid beneficiaries (MMAP) and staff education programs for persons working in aging and long-term care.

Knowing that change is on the horizon with Nursing Facility Transition (NFT) outreach funding, and that possible changes may impact the Money Follows the Person (MFP) program, the agency's public relations

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specialist will work with MI Choice home and community-based waiver staff and staff of the CIL's to develop relationships and referral processes with the intent that persons eligible to transition from a skilled nursing facility will have a clear path for returning to and living independently in the community of their choice. Focus in this MYP cycle also includes new project development to close gaps in service, fill unmet needs and increases the visibility of services available to persons with disabilities of any age.

Skilled Nursing Facilities

Skilled Nursing Facilities (SNF) and rehabilitation services play an essential role in the recovery of an older adult or person with disabilities. In this MYP cycle Region VII AAA will work to educate and inform SNF staff throughout the planning and service area about the array of home and community-based services available from the aging services network. Efforts will be focused to assure that those SNF residents who wish to return to their home and community are connected with staff who can provide an assessment and determine eligibility for programs including the Medicaid MI Choice home and community-based waiver.

Purchase of Service Providers

The agency contracts with over 140 providers of in-home services to Medicaid MI Choice waiver clients including licensed Adult Foster Care, Home for the Aged, Assisted Living locations and private duty companies. The agency semi-annual Service Provider updates and utilizes a secure messaging system for announcements. In this MYP cycle staff will address the desire of service providers to meet face-to-face with Region VII AAA social workers and nurses, continue developing the Emergency Operations Manual and exploring best practices for in-home safety of the worker and the participant.

211 NE Michigan

Region VII AAA continues to develop their working relationship with 211 NE Michigan which covers our planning and service area. In this MYP cycle, we anticipate updating and formalizing our emergency procedure that would allow concerned citizens to contact 211 for updates about recovery efforts that may follow a natural disaster. Additionally, we continue to explore shared resource databases.

2. Describe the area agency's strategy for FY 2017-2019 for working with ADRC partners in the context of the access services system within the PSA.

The Aging and Disability Resource Centers were mandated by the state and Region VII AAA aggressively pursued development of partners along with our counterparts at the Blue Water Center for Independent Living (BWCIL) and the Disability Network of Mid-Michigan (DNMM) to form the ADRC of the Thumb, and the ADRC of Central Michigan, respectively. Partners use knowledge gained from the ADRC experience to improve the lives of older adults and persons with disabilities.

We continue as a project partner working under a MMAP grant through Aging and Adult Services Agency (AASA) for the purpose of doing additional outreach to Medicare and Medicaid recipients who may benefit from low-income subsidies and extra help paying for their prescription drugs. This project is coordinated by DNMM who holds the grant from AASA, the other partner is the Mid Michigan Community Action Agency. This is the only project at the present time.

Region VII Area Agency On Aging

FY 2017

3. Describe the area agency's strategy for developing, sustaining, and building capacity for Evidence-Based Disease Prevention (EBDP) programs including the area agency's provider network EBDP capacity.

Region VII AAA is fully participating in the Great At Any Age statewide project to encourage older adults towards a healthier lifestyle using the evidence-based Diabetes (PATH) Personal Action Towards Health and Matter of Balance (MOB), a falls prevention program using all available methods of communication to share these programs with our counterparts in our planning and service area. County units on aging and other service providers receive first notification of opportunities to become lay leaders and trainers. Notices of workshops are advertised throughout the planning and service area.

Region VII AAA currently offers a variety of evidence-based workshops in addition to the Great At Any Age programs and uses local funds to support evidence-based programs. .

Region VII AAA has secured a Medicare billing number for the purpose of seeking reimbursement from Medicare for Diabetes Self Management Training and Medical Nutrition Therapies that may be provided by a Registered Dietician, Registered Nurse or Pharmacist.

In this MYP cycle the agency will continue to develop the assortment of evidence-based workshops based on the needs of older adults in our planning and service area sharing the availability of workshops and opportunities for lay leaders and trainers with those in our planning and service area.

Community Focal Points

Please review the listing of Community Focal Points for your PSA and update as necessary. Please specifically note whether or not updates have been made. Describe the rationale and method used to assess the ability to be a community focal point including the definition of community. Explain the process by which community focal points are selected.

Describe the rationale and method used to assess the ability to be a community focal point, including the definition of community. Explain the process by which community focal points are selected.

Definition for Community Focal Points are identified as geographic areas in which the residents share a sense of identity with each other and their local government. The Region VII Area Agency on Aging determined the rationale for selecting focal points by reviewing:

1. Which unit of government, such as city or county, provides the greater sense of community identification for local residents.
2. Travel patterns within the community for shopping, medical services, social activities and employment.
3. Location and hours of facilities that house recreational activities, social and government services. The Region VII Area Agency on Aging reviewed the following factors in selecting community focal points:
 1. Communities with the highest incidence of older persons with the greatest economic and social needs.
 2. Availability or potential for development of an Information and Referral service component to provide linkage to other AAA-funded services within the community.
 3. Location of facilities suitable for designation, days and hours of facility operation assuring at least a five-day schedule with regular advertised hours of operation that are convenient for older people.
 4. Geographic boundaries of communities and natural neighborhoods.
 5. Availability of confidential meeting space in the facility for other program personnel to conduct client interviews and provide related services.
 6. Preference given to multi-purpose senior centers and congregate nutrition sites when utilized extensively by senior citizens.
 7. Service delivery patterns and proximity within the community to nearby shopping, transportation, financial institutions and other community-based activity programs.
 8. Facilities with affiliations with either city, county or township government, reflecting coordination of AAA and local governmental resources, and preference for maximum utilization of facilities operated in whole or in part by local elected officials.
 9. Accessible facility layout and design to assure that the services housed in the facility are accessible to handicapped elders.
 10. Analysis of staffing patterns, including the work stations for case coordination & support staff

Provide the following information for each focal point within the PSA. List all designated community focal points with name, address, telephone number, website, and contact person. This list should also include the services offered, geographic areas served and the approximate number of older persons in those areas. List your Community Focal Points in this format.

| | |
|----------|--|
| Name: | Bay County Division on Aging |
| Address: | 515 Center Ave., Bay City, MI 48708 |
| Website: | www.baycounty-mi.gov/Aging |

Region VII Area Agency On Aging

FY 2017

| | |
|---------------------------------|---|
| Telephone Number: | (989) 895-4100 |
| Contact Person: | Tammy Roehrs |
| Service Boundaries: | Bay County |
| No. of persons within boundary: | 20031 |
| Services Provided: | Congregate, HDM, CCS, Homemaking, In-Home Respite, Personal Care, Disease Prevention / Health Promotion, Caregiver Training |
| Name: | Clare County Senior Services |
| Address: | 225 W. Main Street; Harrison, MI 48625 |
| Website: | www.clareseniorservices.org |
| Telephone Number: | (989) 539-8870 |
| Contact Person: | Lori Ware |
| Service Boundaries: | Clare County |
| No. of persons within boundary: | 5976 |
| Services Provided: | Congregate, HDM, CCS, Homemaking, In-Home Respite, Personal Care, Disease Prevention / Health Promotion, Caregiver Training, Senior Center Staffing |
| Name: | Council on Aging - Gladwin |
| Address: | 215 S. Antler, Gladwin, MI 48624 |
| Website: | www.gladwincoa.org |
| Telephone Number: | (989) 426-5450 |
| Contact Person: | Lauren Essenmacher |
| Service Boundaries: | Gladwin County |
| No. of persons within boundary: | 5246 |
| Services Provided: | Congregate, HDM, CCS, Homemaking, In-Home Respite, Personal Care, Caregiver Training, Senior Center Staffing |
| Name: | Gratiot County Commission on Aging |
| Address: | 515 S. Pine River Street; Ithaca, MI 48847 |
| Website: | www.co.gratiot.mi.us/coa |
| Telephone Number: | (989) 875-5246 |
| Contact Person: | Jennifer Cook |
| Service Boundaries: | Gratiot County |
| No. of persons within boundary: | 6983 |
| Services Provided: | Caregiver Training, CCS, Chore, Personal Care, In Home Respite, Home Repair, Senior Center Staffing, Congregate Nutrition, Home Delivered Meals, Homemaking |
| Name: | Human Development Commission |

Region VII Area Agency On Aging

FY 2017

Address: 429 Montague Ave., Caro, MI 48723
 Website: www.hdc-caro.org
 Telephone Number: (989) 673-4121
 Contact Person: Susan Aberg
 Service Boundaries: Tuscola County
 No. of persons within boundary: 8881
 Services Provided: Caregiver Training, CCS, Chore, Congregate, HDM, Homemaking, Personal Care, In Home Respite, Transportation, Outreach, Adult Day Care

Name: Human Development Commission - Huron Office
 Address: 150 Nugent Rd; Bad Axe, MI 48413
 Website: www.hdc-caro.org
 Telephone Number: (989) 269-9502
 Contact Person: Laura Messing
 Service Boundaries: Huron County
 No. of persons within boundary: 8984
 Services Provided: Caregiver Training, CCS, Chore, Congregate, HDM, Homemaking, Personal Care, In Home Respite, Transportation, Outreach, Adult Day Care

Name: Human Development Commission - Sanilac Office
 Address: 215 N. Elk Street; Sandusky, MI 48471
 Website: www.hdc-caro.org
 Telephone Number: (810) 648-4497
 Contact Person: Teresa Kohn
 Service Boundaries: Sanilac County
 No. of persons within boundary: 8951
 Services Provided: Caregiver Training, CCS, Chore, Congregate, HDM, Homemaking, Personal Care, In Home Respite, Transportation, Outreach, Adult Day Care

Name: Isabella Senior Center
 Address: 2200 S. Lincoln, Mt. Pleasant, MI 48858
 Website: www.isabellacounty.org/dept/coa
 Telephone Number: (989) 772-0748
 Contact Person: Brenda Upton
 Service Boundaries: Isabella County
 No. of persons within boundary: 8335

Region VII Area Agency On Aging

FY 2017

Services Provided: Congregate, HDM, CCS, Homemaking, In-Home Respite, Personal Care, Caregiver Training

Name: Midland County Council on Aging
Address: 4700 Dublin Ave., Midland, MI 48642
Website: www.seniorservicesmidland.org
Telephone Number: (989) 633-3700
Contact Person: Alan Brown
Service Boundaries: Midland County
No. of persons within boundary: 10670

Services Provided: Congregate, HDM, CCS, Homemaking, In-Home Respite, Caregiver Training, Adult Day Care, Care Management, Transportation

Name: Saginaw Co. Commission on Aging
Address: 2355 Schust Rd., Saginaw, MI 48603
Website: www.saginawcounty.com/Coa
Telephone Number: (989) 797-6880
Contact Person: Karen Courneya
Service Boundaries: Saginaw County
No. of persons within boundary: 34599

Services Provided: Congregate, HDM, CCS, Outreach, Transportation, Senior Center Staffing, Care Management, Senior Center Operations, Caregiver Training

Other Grants and Initiatives

Use this section to identify other grants and/or initiatives that your agency is participating in with AASA and/or other partners. Grants and/or initiatives to be included in this section may include, but not be limited to the following:

- Tailored Caregiver Assessment and Referral (TCARE)
- Creating Confident Caregivers (CCC)
- Chronic Disease Self-management Programs, such as PATH
- Building Training...Building Quality
- Powerful Tools for Caregivers
- PREVNT Grant
- Programs supporting persons with dementia
- Medicare Medicaid Assistance Program (MMAP)
- MI Health Link (MHL)

Describe other grants and/or initiatives the area agency is participating in with AASA or other partners. Describe how these grants and other initiatives will improve the quality of life of older adults within the PSA. Further, describe how these other grants and initiatives reinforce the area agency's planned program development efforts for FY 2017-2019.

1. Describe other grants and/or initiatives the area agency is participating in with AASA or other partners.

Region VII AAA receives Medicare Medicaid Assistance Program (MMAP) funding to assist mostly older adults who have questions and concerns about these government health insurance programs.

Region VII AAA participates in the 4 AM Michigan Health Endowment Fund (MHEF) grant for implementation of the evidence-based programs Matter of Balance, a falls prevention workshop and also Diabetes PATH (Personal Action Towards Health).

2. Describe how these grants and other initiatives will improve the quality of life of older adults within the PSA.

Funding projects specific to older adults and persons with disabilities advance the mission of Region VII AAA and assure that services necessary to support older adults in their homes and communities exist when and where they are needed.

The agency also participates as a member, and supports grant-funded projects held by other fiduciaries like population health improvement, transportation workgroups and elder abuse prevention.

3. Describe how these grants and other initiatives reinforce the area agency's planned program development efforts for FY 2017-2019.



ANNUAL & MULTI YEAR IMPLEMENTATION PLAN

FY 2017-2019

Region VII Area Agency On Aging

FY 2017

Region VII AAA consistently works to identify potential funders and project partners to advance the mission of the organization.

FY 2017 AREA PLAN GRANT BUDGET

Rev. 4/2016

Agency: Region VII Area Agency on Aging

PSA: 7

Budget Period: 10/01/16 to 09/30/17

Date: 06/02/16

Rev. No.: N/A

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SERVICES SUMMARY

| FUND SOURCE | SUPPORTIVE SERVICES | NUTRITION SERVICES | TOTAL |
|------------------------------------|---------------------|--------------------|------------------|
| 1. Federal Title III-B Services | 982,106 | | 982,106 |
| 2. Fed. Title III-C1 (Congregate) | | 456,897 | 456,897 |
| 3. State Congregate Nutrition | | 19,001 | 19,001 |
| 4. Federal Title III-C2 (HDM) | | 751,598 | 751,598 |
| 5. State Home Delivered Meals | | 833,233 | 833,233 |
| 8. Fed. Title III-D (Prev. Health) | 52,146 | | 52,146 |
| 9. Federal Title III-E (NFCSP) | 323,940 | | 323,940 |
| 10. Federal Title VII-A | 11,272 | | 11,272 |
| 10. Federal Title VII-EAP | 12,934 | | 12,934 |
| 11. State Access | 56,716 | | 56,716 |
| 12. State In-Home | 444,168 | | 444,168 |
| 13. State Alternative Care | 223,269 | | 223,269 |
| 14. State Care Management | 431,825 | | 431,825 |
| 16. St. ANS & St. NHO | 128,967 | | 128,967 |
| 17. Local Match | | | |
| a. Cash | 99,177 | 192,036 | 291,213 |
| b. In-Kind | 242,570 | 36,934 | 279,504 |
| 18. State Respite Care (Escheat) | 122,095 | | 122,095 |
| 19. MATF & St. CG Support | 292,825 | | 292,825 |
| 20. TCM/Medicaid & MSO | 58,848 | | 58,848 |
| 21. NSIP | | 550,699 | 550,699 |
| 22. Program Income | 581,041 | 1,128,142 | 1,709,183 |
| TOTAL: | 4,063,899 | 3,968,540 | 8,032,439 |

ADMINISTRATION

| Revenues | Local Cash | Local In-Kind | Total |
|--------------------------------------|----------------|---------------|----------------|
| Federal Administration | 285,187 | 42,000 | 7,400 |
| State Administration | 49,690 | | 49,690 |
| MATF & St. CG Support Administration | 23,459 | | 23,459 |
| Other Admin | 39,200 | | 39,200 |
| Total AIP Admin: | 397,536 | 42,000 | 7,400 |
| | | | 446,936 |

| Expenditures | FTEs | |
|----------------------|------|----------------|
| 1. Salaries/Wages | 4.25 | 234,958 |
| 2. Fringe Benefits | | 100,185 |
| 3. Office Operations | | 111,793 |
| Total: | | 446,936 |

| Cash Match Detail | | In-Kind Match Detail | |
|-------------------|--------|-------------------------|--------|
| Source | Amount | Source | Amount |
| Local Dues | 42,000 | In-kind Space Fed Admin | 3,400 |
| | | In-kind Space Care Mgmt | 4,000 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total: | 42,000 | Total: | 7,400 |

I certify that I am authorized to sign on behalf of the Area Agency on Aging. This budget represents necessary costs for implementation of the Area Plan. Adequate documentation and records will be maintained to support required program expenditures.

Signature

Title

Date

FY 2017 AREA AGENCY GRANT FUNDS - SUPPORT SERVICES DETAIL

Agency: Region VII Area Agency on Aging
PSA: 7

Budget Period: 10/01/16 to 09/30/17
Date: 06/02/16

Rev. No.: N/A

Rev. 4/2016
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| SERVICE CATEGORY | Title III-B | Title III-D | Title III - E | Title VII | State Access | State In-Home | St. Alt. Care | State Care Mgmt | St. ANS St. NHO | St. Respite (Escheat) | MATF & St. CG Sup. | TCM Medicaid MSO Fund | Program Income | Cash Match | In-Kind Match | TOTAL |
|--------------------------|-------------|-------------|---------------|-----------|--------------|---------------|---------------|-----------------|-----------------|-----------------------|--------------------|-----------------------|----------------|------------|---------------|-----------|
| 1. Access | | | | | | | | | | | | | | | | |
| a. Care Management | | | | | 15,000 | | | | 10,000 | | | 42,200 | 600 | | | 550,383 |
| b. Case Coord/supp | 299,702 | | 50,000 | | | | | 431,825 | | | | | 93,129 | 18,780 | 20,077 | 481,688 |
| c. Disaster Advocacy | | | | | | | | | | | | | | | | - |
| d. Information & Assis | | | | | 41,716 | | | | 20,000 | | | | 2,283 | | 6,857 | 70,856 |
| e. Outreach | 114,453 | | | | | | | | | | | | 12,226 | 5,015 | 7,669 | 139,373 |
| f. Transportation | 45,745 | | | | | | | | | | | | | 5,083 | | 50,828 |
| 2. In-Home | | | | | | | | | | | | | | | | |
| a. Chore | 24,005 | | | | | | | | | | | | 12,004 | 1,413 | 1,257 | 38,679 |
| b. Home Care Assis | | | | | | | | | | | | | | | | - |
| c. Home Injury Ontr | | | | | | | | | | | | | | | | - |
| d. Homemaking | 98,914 | | | | | 202,104 | 111,972 | | 22,405 | | | | 156,738 | 28,779 | 19,596 | 640,510 |
| e. Home Health Aide | | | | | | | | | | | | | | | | - |
| f. Medication Mgt | | | | | | | | | | | | | | | | - |
| g. Personal Care | 16,165 | | | | | 195,152 | 111,297 | | 15,462 | | | | 91,286 | 19,534 | 18,032 | 486,948 |
| h. Assistive Device&Tech | | | | | | 46,912 | | | 10,556 | | | | 60,584 | 10,198 | 11,754 | 279,575 |
| i. Respite Care | 57,139 | | | | | | | | | 35,714 | 45,718 | | | | | - |
| j. Friendly Reassure | | | | | | | | | | | | | 687 | | 6,222 | 62,909 |
| 3. Legal Assistance | 56,000 | | | | | | | | | | | | | | | - |
| 4. Community Services | | | | | | | | | | | | | | | | |
| a. Adult Day Care | | | | | | | | | 10,000 | 85,381 | 223,646 | | 122,762 | 3,588 | 31,860 | 477,239 |
| b. Dementia ADC | | | | | | | | | | | | | | | | - |
| c. Disease Prevent | 18,211 | 52,146 | | | | | | | | | | | 7,969 | | 7,817 | 86,143 |
| d. Health Screening | | | | | | | | | | | | | | | | - |
| e. Assist to Deaf | | | | | | | | | | | | | | | | - |
| f. Home Repair | 35,052 | | | | | | | | | | | | 6,757 | | 3,895 | 45,704 |
| g. LTC Ombudsman | 14,922 | | | 11,272 | | | | | 40,524 | | | | 302 | | 9,263 | 92,931 |
| h. Sr Ctr Operations | 5,000 | | | | | | | | | | | | 148 | 1,000 | | 10,148 |
| i. Sr Ctr Staffing | 42,319 | | | | | | | | | | | | 873 | 3,587 | 1,116 | 47,895 |
| j. Vision Services | | | | | | | | | | | | | | | | - |
| k. Elder Abuse Prevent | | | | 12,934 | | | | | | | | | 96 | | 1,437 | 14,467 |
| l. Counseling | | | | | | | | | | | | | | | | - |
| m. Creat Conf CG@ CCC | | | | | | | | | | | | | | | | - |
| n. Caregiver Supplnt | | | | | | | | | | | | | | | 7,199 | 71,987 |
| o. Kinship Support | | | | | | | | | | | | | | | 3,244 | 32,441 |
| q. Caregiver E.S.T | | | | | | | | | | | | | 12,597 | 2,200 | 17,796 | 212,548 |
| 5. Program Develop | 150,469 | | | | | | | | | | | | | | 16,719 | 167,188 |
| 6. Region Specific | | | | | | | | | | | | | | | | - |
| a. | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| b. | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| c. | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| d. | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| e. | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 7. CLIP/ADRC Services | - | - | - | - | - | - | - | - | - | - | 23,459 | - | - | - | - | 23,459 |
| 8. MATF & St CG Sup Adm | | | | | | | | | | | | | | | | - |
| SUPPRT SERV TOTAL | 982,106 | 52,146 | 323,940 | 24,206 | 56,716 | 444,188 | 223,269 | 431,825 | 128,967 | 122,095 | 292,825 | 58,848 | 581,041 | 99,177 | 242,570 | 4,063,899 |

FY 2017 NUTRITION / OMBUDSMAN / RESPITE / KINSHIP - PROGRAM BUDGET DETAIL

Rev. 4/2016

Agency: Region VII Area Agency on Aging Budget Period: 10/01/16 to 9/30/17
 PSA: 7 Date: 06/02/16 Rev. Number N/A

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FY 2017 AREA PLAN GRANT BUDGET - TITLE III-C NUTRITION SERVICES DETAIL

| SERVICE CATEGORY | Title III C-1 | Title III C-2 | State Congregate | State HDM | NSIP | Program Income | Cash Match | In-Kind Match | TOTAL |
|--------------------------|---------------|---------------|------------------|-----------|---------|----------------|------------|---------------|-----------|
| Nutrition Services | | | | | | | | | |
| 1. Congregate Meals | 440,897 | | 19,001 | | 137,675 | 335,726 | 38,836 | 12,264 | 984,399 |
| 2. Home Delivered Meals | | 751,598 | | 833,233 | 413,024 | 792,416 | 153,200 | 22,892 | 2,966,363 |
| 3. Nutrition Counseling | | | | | | | | | - |
| 4. Nutrition Education | | | | | | | | | - |
| 5. AAA RD/Nutritionist* | 16,000 | | | | | | | 1,778 | 17,778 |
| Nutrition Services Total | 456,897 | 751,598 | 19,001 | 833,233 | 550,699 | 1,128,142 | 192,036 | 36,934 | 3,968,540 |

*Registered Dietitian, Nutritionist or individual with comparable certification, as approved by OSA.

FY 2017 AREA PLAN GRANT BUDGET-TITLE VII LTC OMBUDSMAN DETAIL

| SERVICE CATEGORY | Title III-B | Title VII-A | Title VII-EAP | State NHO | M/SO Fund | Program Income | Cash Match | In-Kind Match | TOTAL |
|---------------------------|-------------|-------------|---------------|-----------|-----------|----------------|------------|---------------|---------|
| LTC Ombudsman Services | | | | | | | | | |
| 1. LTC Ombudsman | 14,922 | 11,272 | | 40,524 | 16,648 | 302 | - | 9,263 | 92,931 |
| 2. Elder Abuse Prevention | - | | 12,934 | | | 96 | - | 1,437 | 14,467 |
| 3. Region Specific | - | - | - | - | - | - | - | - | - |
| LTC Ombudsman Ser. Total | 14,922 | 11,272 | 12,934 | 40,524 | 16,648 | 398 | - | 10,700 | 107,398 |

FY 2017 AREA PLAN GRANT BUDGET- RESPITE SERVICE DETAIL

| SERVICES PROVIDED AS A FORM OF RESPITE CARE | Title III-B | Title III-E | State Alt Care | State Escheats | State In-Home | Ment Award Trust Fund | Program Income | Cash/In-Kind Match | TOTAL |
|---|-------------|-------------|----------------|----------------|---------------|-----------------------|----------------|--------------------|-------|
| 1. Chore | - | - | - | - | - | - | - | - | - |
| 2. Homemaking | - | - | - | - | - | - | - | - | - |
| 3. Home Care Assistance | - | - | - | - | - | - | - | - | - |
| 4. Home Health Aide | - | - | - | - | - | - | - | - | - |
| 5. Meal Preparation/HDM | - | - | - | - | - | - | - | - | - |
| 6. Personal Care | - | - | - | - | - | - | - | - | - |
| Respite Service Total | - | - | - | - | - | - | - | - | - |

FY 2017 AREA PLAN GRANT BUDGET-TITLE E- KINSHIP SERVICES DETAIL

| SERVICE CATEGORY | Title III-B | Title III-E | Program Income | Cash Match | In-Kind Match | TOTAL |
|-----------------------------|-------------|-------------|----------------|------------|---------------|--------|
| Kinship Ser. Amounts Only | | | | | | |
| 1. Caregiver Sup. Services | - | - | - | - | - | - |
| 2. Kinship Support Services | - | 29,197 | - | - | 3,244 | 32,441 |
| 3. Caregiver E.S.T | - | - | - | - | - | - |
| 4. | - | - | - | - | - | - |
| Kinship Services Total | - | 29,197 | - | - | 3,244 | 32,441 |

PSA: VII
 Agency: Region VII Area Agency on Aging

Budget Period: 10/1/2016 to: 9/30/2017

AREA AGENCY ON AGING--WAGES AND SALARIES
 Date of Budget: 06/02/16
 Rev. No: N/A

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| Job Classification | FTEs | Operations | | Program Services/Activities | | State Access | T-V Adm | Waiver In-Direct | Waiver Direct | Evidence Based Prg | Aging Services | OSA TOTAL |
|---------------------------------|-------|------------|-----------------|-----------------------------|----------------|--------------|---------|------------------|---------------|--------------------|----------------|-----------|
| | | Admin | Program Develop | CM Adm | CM R-7 & Thumb | | | | | | | |
| Executive Director | 1.00 | 20,668 | 0 | 2,067 | 0 | 0 | 0 | 80,606 | 0 | 0 | 0 | 103,341 |
| Assistant Director | 1.00 | 719 | 1,438 | 719 | 0 | 1,438 | 1,438 | 66,149 | 0 | 0 | 0 | 71,901 |
| Fiscal Manager | 1.00 | 53,426 | 0 | 2,290 | 0 | 0 | 2,290 | 18,318 | 0 | 0 | 0 | 76,323 |
| IT Specialist | 1.00 | 3,797 | 1,898 | 2,531 | 0 | 633 | 1,266 | 53,153 | 0 | 0 | 0 | 63,278 |
| Contract Manager | 1.00 | 8,067 | 11,294 | 1,076 | 0 | 0 | 0 | 33,344 | 0 | 0 | 0 | 53,781 |
| Grant Dev/Program Manager | 1.00 | 12,274 | 34,935 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 47,210 |
| Public Relations Specialist | 1.00 | 5,222 | 0 | 0 | 0 | 0 | 0 | 46,999 | 0 | 0 | 0 | 52,221 |
| Housing Specialist | 1.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 44,694 | 0 | 0 | 44,694 |
| Human Res/I&A Manager | 1.00 | 5,061 | 2,250 | 562 | 0 | 1,125 | 1,125 | 46,115 | 0 | 0 | 0 | 56,238 |
| I&A Coordinator | 2.00 | 0 | 0 | 0 | 0 | 17,623 | 0 | 44,858 | 0 | 0 | 11,186 | 73,667 |
| Board Coord/Exec Sec. | 1.00 | 52,864 | 1,887 | 0 | 0 | 0 | 0 | 1,887 | 0 | 0 | 0 | 56,238 |
| Secretary | 4.00 | 6,127 | 24,508 | 0 | 4,370 | 0 | 0 | 27,870 | 84,399 | 0 | 0 | 119,403 |
| Receptionist | 1.47 | 9,415 | 377 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 37,662 |
| Fiscal/Tech Asst | 2.00 | 24,861 | 4,068 | 1,356 | 0 | 0 | 5,424 | 54,693 | 0 | 0 | 0 | 90,402 |
| Billing Specialist | 2.00 | 4,097 | 0 | 0 | 8,878 | 0 | 0 | 0 | 55,314 | 0 | 0 | 66,289 |
| MMAP Manager | 0.20 | 0 | 0 | 0 | 0 | 8,639 | 0 | 0 | 0 | 0 | 0 | 8,639 |
| WACM Director | 1.00 | 0 | 0 | 4,251 | 0 | 0 | 0 | 66,593 | 0 | 0 | 0 | 70,844 |
| Social Worker Supervisor | 1.00 | 0 | 0 | 1,988 | 1,326 | 0 | 0 | 9,942 | 53,024 | 0 | 0 | 66,281 |
| Social Worker | 19.00 | 0 | 0 | 0 | 17,878 | 0 | 0 | 0 | 831,308 | 0 | 0 | 849,186 |
| RN Supervisor | 1.00 | 0 | 0 | 1,988 | 1,326 | 0 | 0 | 9,942 | 53,024 | 0 | 0 | 66,281 |
| Registered Nurse | 19.00 | 0 | 0 | 0 | 23,201 | 0 | 0 | 0 | 926,098 | 0 | 0 | 949,300 |
| WACM Program Asst. | 1.00 | 0 | 0 | 2,260 | 0 | 0 | 0 | 0 | 42,941 | 0 | 0 | 45,201 |
| WA Eligibility Specialist | 1.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 49,725 | 0 | 0 | 49,725 |
| Quality Management/ Eligibility | 1.00 | 3,133 | 2,089 | 522 | 1,567 | 522 | 0 | 44,388 | 0 | 0 | 0 | 52,221 |
| WACM Intake Specialist | 1.00 | 0 | 0 | 0 | 17,658 | 0 | 0 | 0 | 22,473 | 0 | 0 | 40,131 |
| Supports Coord Ed & Srv Spect | 1.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 51,227 | 0 | 0 | 51,227 |
| Healthcare Specialist | 1.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 46,703 | 0 | 0 | 46,703 |
| Maintenance | 1.00 | 3254 | 1446 | 362 | 0 | 723 | 723 | 29,645 | 0 | 0 | 0 | 36,153 |
| Title V Coordinator | 1.00 | 0 | 0 | 0 | 0 | 0 | 14,012 | 0 | 0 | 0 | 0 | 14,012 |
| TOTAL | 70.67 | 212,986 | 85,589 | 21,972 | 76,202 | 30,702 | 26,278 | 634,302 | 2,260,930 | 0 | 11,186 | 3,360,547 |

| Planned Services Summary Page for FY 2017 | | | PSA: 7 | | |
|---|----------------|----------------------|---------------------|--------------|------------|
| Service | Budgeted Funds | Percent of the Total | Method of Provision | | |
| | | | Purchased | Contract | Direct |
| ACCESS SERVICES | | | | | |
| Care Management | \$ 550,383 | 6.85% | | X | X |
| Case Coordination & Support | \$ 481,688 | 6.00% | | X | |
| Disaster Advocacy & Outreach Program | \$ - | 0.00% | | | |
| Information & Assistance | \$ 70,856 | 0.88% | | | X |
| Outreach | \$ 139,373 | 1.74% | | X | |
| Transportation | \$ 50,828 | 0.63% | X | X | |
| IN-HOME SERVICES | | | | | |
| Chore | \$ 38,679 | 0.48% | X | X | |
| Home Care Assistance | \$ - | 0.00% | | | |
| Home Injury Control | \$ - | 0.00% | | | |
| Homemaking | \$ 640,510 | 7.97% | X | X | |
| Home Delivered Meals | \$ 2,966,363 | 36.93% | | X | |
| Home Health Aide | \$ - | 0.00% | | | |
| Medication Management | \$ - | 0.00% | | | |
| Personal Care | \$ 466,948 | 5.81% | X | X | |
| Personal Emergency Response System | \$ - | 0.00% | | | |
| Respite Care | \$ 279,575 | 3.48% | X | X | |
| Friendly Reassurance | \$ - | 0.00% | | | |
| COMMUNITY SERVICES | | | | | |
| Adult Day Services | \$ 477,239 | 5.94% | X | X | |
| Dementia Adult Day Care | \$ - | 0.00% | | | |
| Congregate Meals | \$ 984,399 | 12.26% | | X | |
| Nutrition Counseling | \$ - | 0.00% | | | |
| Nutrition Education | \$ - | 0.00% | | | |
| Disease Prevention/Health Promotion | \$ 86,143 | 1.07% | X | X | |
| Health Screening | \$ - | 0.00% | | | |
| Assistance to the Hearing Impaired & Deaf | \$ - | 0.00% | | | |
| Home Repair | \$ 45,704 | 0.57% | | X | |
| Legal Assistance | \$ 62,909 | 0.78% | | X | |
| Long Term Care Ombudsman/Advocacy | \$ 92,931 | 1.16% | | X | |
| Senior Center Operations | \$ 10,148 | 0.13% | | X | |
| Senior Center Staffing | \$ 47,895 | 0.60% | | X | |
| Vision Services | \$ - | 0.00% | | | |
| Programs for Prevention of Elder Abuse, | \$ 14,467 | 0.18% | | X | |
| Counseling Services | \$ - | 0.00% | | | |
| Creating Confident Caregivers® (CCC) | \$ - | 0.00% | | | |
| Caregiver Supplemental Services | \$ 71,987 | 0.90% | X | | |
| Kinship Support Services | \$ 32,441 | 0.40% | X | | |
| Caregiver Education, Support, & Training | \$ 212,548 | 2.65% | | X | |
| AAA RD/Nutritionist | \$ 17,778 | 0.22% | | | X |
| PROGRAM DEVELOPMENT | \$ 167,188 | 2.08% | | | X |
| REGION-SPECIFIC | | | | | |
| a. | \$ - | 0.00% | | | |
| b. | \$ - | 0.00% | | | |
| c. | \$ - | 0.00% | | | |
| d. | \$ - | 0.00% | | | |
| e. | \$ - | 0.00% | | | |
| CLP/ADRC SERVICES | \$ - | 0.00% | | | |
| MATF & ST CG ADMINISTRATION | \$ 23,459 | 0.29% | | | X |
| TOTAL PERCENT | | 100.00% | 4.84% | 89.04% | 6.12% |
| TOTAL FUNDING | \$ 8,032,439 | | \$ 388,166 | \$ 7,152,881 | \$ 491,392 |

Note: Rounding variances may occur between the Budgeted Funds column total and the Total Funding under the Method of Provision columns due to percentages in the formula. Rounding variances of + or (-) \$1 are not considered material.

DUAL SERVICE COORDINATION CONTINUUM

Community-Based Aging and Health Care System

The Dual Service Coordination Continuum serves as a way to graphically represent two service coordination continuums. The upper continuum represents health care services and the lower continuum represents community-based services. Together they show the entire range of service coordination options available to the consumer. Area agency-related options are primarily reflected on the community-based continuum. Boxes 2-5 are to describe service coordination program options. Box 1, Education and Prevention, describes early-on options that can help avoid premature use of more costly service coordination options.

Enter specific information in the continuum boxes provided to show the coordination of service program options available in the planning and service area. If you cannot fit all area programs in the space provided, list only the primary ones. Upload your completed continuum under the Budget and Other Documents tab. (For technical assistance, see completed sample in the Documents Library.)

| Region VII Area Agency on Aging | | | | |
|--|---|---|--|--|
| Type of Continuum | Education and Prevention | Access I&A | Options Counseling | Case Coordination & Support |
| Healthcare and Medical Continuum | Region VII AAA maintains an Associate Membership in the Hospital Council of East Central Michigan to collaborate and share knowledge across the aging and healthcare continuum with Patient Health Planners. | Agency staff routinely report to Human Service Collaborative groups, senior councils and task forces where staff from hospitals are present. | ***** | To be developed during the 2017 to 2019 MYP cycle. |
| Community-Based Support Continuum | Print and web-based information about access to aging services is readily available region wide. As are opportunities for participation in evidence-based workshops, speaking engagements and outreach efforts. | Information & Assistance staff are available weekdays from 8:30 am. to 5 p.m. in person at the Bay City office or via phone region wide. Services may be accessed at Community Focal points or located in resource directories. | Available at Region VII AAA in Bay City, at some county unit on aging offices and through both Center for Independent Living organizations that serve our planning and service area. | Available thru county units on aging. |
| | | | | Available thru county units on aging in seven counties, provided as a direct service by Region VII AAA in Huron, Sanilac and Tuscola counties. |

EVIDENCE-BASED PROGRAMS PLANNED FOR FY 2017

Funded Under Disease Prevention Health Promotion Service Definition

Provide the information requested below for Evidence-Based Programs (EBDP) to be funded under Title III-D.

Beginning October 1, 2016 (FY 2017), Title III-D funds can only be used on health promotion programs that meet the highest level criteria as determined by the Administration for Community Living (ACL) Administration on Aging (AoA). Please see the "List of Approved EBDP Programs for Title III-D Funds" in the Document Library. Only programs from this list will be approved beginning in FY 2017.

| Program Name | Provider Name | Anticipated No. of Participants | Funding Amount |
|---|---|---------------------------------|----------------|
| Matter of Balance | Bay County Division on Aging, Clare County Senior Services, Midland Senior Services, and Gratiot County Commission on Aging | 125 | 18,651 |
| Diabetes Personal Action Towards Health | Bay County Division on Aging, Clare County Senior Services, Midland Senior Services, Council on Aging - Gladwin, and Gratiot County Commission on Aging | 90 | 12,525 |
| Tai-Chi for Arthritis | Saginaw County Commission on Aging and Isabella County Commission on Aging | 256 | 17,872 |
| Enhanced Fitness | National Kidney Foundation | 40 | 3,338 |
| | | | |
| | | | |
| | | | |

**REGION VII AREA AGENCY ON AGING
BOARD OF DIRECTORS**

Resolution #986-06/MISC-16

FY 2017 – 2019 Multi-Year Area Implementation Plan

FY 2017 Transfer of Funds

WHEREAS, the Board of Directors of Region VII Area Agency on Aging have met and reviewed the
FY 2017 – 2019 Multi-Year Area Implementation Plan;

WHEREAS, members of the Board of Directors were present at the public hearing;

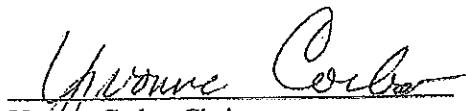
WHEREAS, members of the Board of Directors reviewed the plan following the public hearing;

WHEREAS, the thoughts and views which were expressed at the public hearing have been considered
in writing of the final plan;

WHEREAS, the plan meets all of the Aging and Adult Services Agency Approval criteria;

NOW, THEREFORE BE IT RESOLVED, that the Board of Directors of Region VII Area Agency on
Aging endorses the FY 2017 - 2019 Multi-Year Area Implementation Plan for services for seniors,
and the FY 2017 Transfer of Funds.

Respectfully Submitted,


Yvonne Corbat, Chairwoman
Region VII AAA Board of Directors

Approved: June 2, 2016

MYP resolution 2017-19

REGION VII AREA AGENCY ON AGING

Resolution

Annual/Multi-Year Area Implementation Plan FY 2017-2019


WHEREAS, the Advisory Council of Region VII Area Agency on Aging has reviewed the FY 2017-2019 Annual/Multi-Year Area Implementation Plan;

WHEREAS, Advisory Council members have participated in input for the FY 2017-2019 Annual/Multi-Year Area Implementation Plan;

WHEREAS, the Advisory Council has reviewed comments from input sessions and public hearings for FY 2017-2019 Annual/Multi-Year Area Implementation Plan;

NOW, THEREFORE BE IT RESOLVED, that the Advisory Council of Region VII Area Agency on Aging believes that the FY 2017-2019 Annual/Multi-Year Area Implementation Plan addresses the overall needs in the Region VII Public Service Area and endorses the Plan.

Respectfully Submitted,



William Walters, Chair
Region VII AAA Advisory Council

Approved: June 28, 2016

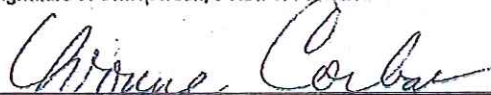



ANNUAL & MULTI YEAR IMPLEMENTATION PLAN FY 2017 - 2019

SIGNATURES

This document covers Fiscal Year 2017. This document becomes valid upon approval by the Michigan Commission on Services to the Aging. It may be conditionally approved subject to all general and/or special conditions established by the Commission on Services to the Aging. This signature page may substitute for required signatures on documents within the documents if those documents are specifically referenced on this signature page.

The signatories below acknowledge that they have reviewed the entire document including all budgets, assurances, and appendices and they commit to all provisions and requirements of this Annual Implementation Plan.

| | |
|--|----------------------|
| Signature of Chairperson, Board of Directors  | Date June 2, 2016 |
| Print Name Yvonne Corbat | |
| Signature of Area Agency on Aging Director  | Date June 2, 2016 |
| Print Name Andrew Orvosh | |
| Area Agency on Aging Region VII Area Agency on Aging | |
| <p>Documents referenced by the signature page:</p> <ul style="list-style-type: none"> ▪ FY 2017 Area Plan Grant Budget ▪ FY 2017 Direct Service Budgets ▪ Request to Transfer Funds ▪ Waiver for Direct Service Provision ▪ Assurance and Certifications ▪ Assurance of Compliance With Title VI of Civil Rights Act of 1964 ▪ Regional Service Definitions ▪ Agreement for Receipt of Supplemental Cash-in-Lieu of Commodity Payments for the Nutrition Program for the Elderly ▪ Waiver of Minimum Percentage for a Priority Service Category | |

PUBLIC NOTICE



Region VII Area Agency on Aging

Notice of Input Opportunity for Senior Programs Multi-Year Implementation Plans Fiscal Year 2017—2019

Region VII Area Agency on Aging will hold two public hearings to review the draft of their Annual and Multi-year (AIP/MYP) Implementation Plans which outline how federal and state funding will be used for programs and services benefitting older adults in Bay, Clare, Gladwin, Gratiot, Huron, Isabella, Midland, Saginaw, Sanilac and Tuscola counties.

TUESDAY
May 17, 2017

11 a.m.—Noon

**Saginaw County Community Action Agency
2824 Perkins Street, Saginaw, MI 48601
&**

5:30 p.m.—6:30 p.m.

**Region VII AAA Conference Center
1615 South Euclid Avenue, Bay City, MI 48706**

Per the state's Aging and Adult Services Agency (AASA) guidelines, a summary of the proposed plans will be available on and after April 30, 2016 on the agency's website www.region7aaa.org or by calling 1-800-858-1637. Reservations are requested, but are not required. Please let us know 48 hours in advance if accommodations are needed. Region VII AAA is a handicap accessible facility. You may also submit written comments on the plans before June 1, 2016. Please mark "AIP/MYP Comments" clearly on the outside of your mailing envelope and send to Region VII AAA, 1615 S. Euclid Ave. Bay City, MI 48706. If you'd prefer to submit your comments via phone, please call 1-800-858-1637.

ASSURANCES AND CERTIFICATIONS

The undersigned agency, designated by the Michigan Commission on Services to the Aging to act as the Area Agency on Aging within a given planning and service area, agrees to the following:

1. That the Annual Implementation Plan shall cover the current Fiscal Year.
2. To administer its Annual Implementation Plan in accordance with the Older Americans Act, the Older Michiganians Act, federal and state rules, and policies of the Michigan Commission on Services to the Aging as set forth in publications and policy directives issued by the Michigan Aging and Adult Services.
3. To make revisions necessitated by changes in any of the documents listed in point two in accordance with directives from the Michigan Aging and Adult Services.
4. That any proposed revisions to the Annual Implementation Plan initiated by the Area Agency on Aging will be made in accordance with procedures established by the Michigan Aging and Adult Services.
5. That funds received from the Michigan Aging and Adult Services will only be used to administer and fund programs outlined in the Annual Implementation Plan approved by the Michigan Commission on Services to the Aging.
6. That the Area Agency on Aging will undertake the duties and perform the project responsibilities described in the Annual Implementation Plan in a manner that provides service to older persons in a consistent manner over the entire length of the Annual Implementation Plan and to all parts of the planning and service area.
7. That program development funds will be used to expand and enhance services in accordance with the initiatives and activities set forth in the approved Area Implementation Plan.
8. That all services provided under the Annual Implementation Plan are in agreement with approved service definitions and are in compliance with applicable minimum standards for program operations as approved by the Michigan Commission on Services to the Aging and issued by the Michigan Aging and Adult Services, including Care Management.
9. That the Area Agency on Aging will comply with all conditions and terms contained in the Statement of Grant Award issued by the Michigan Aging and Adult Services.
10. That the Area Agency on Aging may appeal actions taken by the Commission on Services to the Aging with regard to the Annual Implementation Plan, or related matters, in accordance with procedures issued by the Michigan Aging and Adult Services in compliance with the requirements of the Older Michiganians Act and Administrative Rules.
11. That the AAA will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and with agencies that develop or provide services for individuals with disabilities.
12. That the AAA has in place a grievance procedure for eligible individuals who are dissatisfied with or denied services.

13. That the AAA will send copies of the Annual Implementation Plan to all local units of government seeking approval as instructed in the Plan Instructions.
14. That the Area Agency on Aging Governing Board and Advisory Council have reviewed and endorsed the Annual Implementation Plan.
15. That the Area Agency on Aging will comply with Federal Regulation 2 CFR, part 180 and certifies to the best of its knowledge and belief that its employees and subcontractors are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department.
16. That the Area Agency on Aging will comply with all conditions and terms of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972, and the Age Discrimination Act of 1975. The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.
17. That the Area Agency on Aging will comply with all conditions and terms of The Elliot Larsen Civil Rights Act, PA 453 of 1976 and the Persons With Disabilities Civil Rights Act, PA 220 of 1976. The Applicant provides this assurance in consideration of and for the purpose of obtaining State of Michigan Federal grants, loans, contracts, property, discounts or other State and Federal financial assistance from the Michigan Aging and Adult Services.
18. That the Area Agency on Aging identifies itself as a subrecipient (versus a vendor) of the Aging and Adult Services Agency, Michigan Department of Health and Human Services.
19. That the Area Agency on Aging certifies to the best of its knowledge and belief that reports submitted to the Aging and Adult Services Agency are true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. That the Area Agency on Aging is aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject the agency, and its personnel, to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-38120).
20. The signatory on the Signature Page indicates that the Area Agency on Aging is submitting the current Fiscal Year Annual Implementation Plan or Multi-Year Implementation Plan that describes the initiatives and activities which will be undertaken on behalf of older persons within the planning and service area. We assure that these documents and subsequent Annual Implementation Plans represent a formal commitment to carry out administrative and programmatic responsibilities and to utilize federal and state funds as described.

Assurance of Compliance

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, AND THE AGE DISCRIMINATION ACT OF 1975.

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified handicapped individual in the United States shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Educational Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

Assurance of Compliance With The Elliot Larsen Civil Rights Act

ASSURANCE OF COMPLIANCE WITH THE ELLIOT LARSEN CIVIL RIGHTS ACT, PA 453 OF 1976 AND THE PERSONS WITH DISABILITIES CIVIL RIGHTS ACT, PA 220 OF 1976.

The Applicant provides this assurance in consideration of and for the purpose of obtaining State of Michigan Federal grants, loans, contracts, property, discounts or other State and Federal financial assistance from the Michigan Aging and Adult Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

Non-Discrimination: In the performance of any grant, contract, or purchase order resulting here from, the Contractor agrees not to discriminate against any employee or applicant for employment or service delivery and access, with respect to their hire, tenure, terms, conditions or privileges of employment, programs and services provided or any matter directly or indirectly related to employment, because of race, color, religion, national origin, ancestry, age, sex, height, weight, marital status, physical or mental disability unrelated to the individual's ability to perform the duties of the particular job or position. The Contractor further agrees that every subcontract entered into for the performance of any grant, contract, or purchase order resulting here from will contain a provision requiring non-discrimination in employment, service delivery and access, as herein specified binding upon each subcontractor. This covenant is required pursuant to the Elliot Larsen Civil Rights Act, 1976 PA 453, as amended, MCL 37.2201 et seq, and the Persons with Disabilities Civil Rights Act, 1976 PA 220, as amended MCL 37.1101 et seq, and any breach thereof may be regarded as a material breach of the grant, contract, or purchase order.

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Region VII Area Agency On Aging

FY 2017

Appendices

Appendices A through F are presented in the list below. Select the appendix from the list on the left. Provide all requested information for each selected appendix.

- A. Policy Board membership
- B. Advisory Council membership
- C. Proposal selection criteria
- D. Cash-in-lieu-of-commodity agreement
- E. Waiver of minimum percentage of a priority service category
- F. Request to transfer funds

APPENDIX A

Board of Directors Membership

| | Asian/Pacific Islander | African American | Native American/ Alaskan | Hispanic Origin | Persons with Disabilities | Female | Total Membership |
|----------------------------|---------------------------|---------------------|--------------------------------|--------------------|---------------------------------|--------|---------------------|
| Membership Demographics | 0 | 0 | 0 | 0 | 0 | 5 | 12 |
| Aged 60 and Over | 0 | 0 | 0 | 0 | 0 | 4 | 11 |

| Board Member Name | Geographic Area | Affiliation | Elected Official | Appointed | Community Representative |
|-------------------|--|--------------------------------|---------------------|-----------|-----------------------------|
| Leonard Ballosh | Saginaw County | | | Yes | |
| Patrick Beson | Bay County | | | Yes | |
| Annie Boensch | City of Saginaw | Saginaw City Council Member | | Yes | |
| Yvonne Corbat | Midland County | | | Yes | |
| Lynn Grim | Clare County | | | Yes | |
| William Sanders | Tuscola County | | | Yes | |
| Donnie Hunt | Sanilac County | | | Yes | |
| Thompson Moffitt | Isabella County | | | Yes | |
| Linda Birgel | Gladwin County | | | Yes | |
| William Walters | Advisory Council Representative all ten counties | | | | Yes |
| Linda Johnson | Gratiot County | | | Yes | |
| Hank Weitenberner | Huron County | | | Yes | |

APPENDIX B Advisory Board Membership

| | Asian/ Pacific Islander | African American | Native American/A laskan | Hispanic Origin | Persons with Disabilities | Female | Total Membership |
|----------------------------|-------------------------------|---------------------|--------------------------------|--------------------|---------------------------------|--------|---------------------|
| Membership Demographics | 0 | 0 | 1 | 1 | 1 | 4 | 12 |
| Aged 60 and Over | 0 | 0 | 1 | 1 | 1 | 4 | 12 |

| Board Member Name | Geographic Area | Affiliation |
|----------------------|---|--------------|
| LaVel Smith | Gladwin County | |
| Vicente Castellanos | Minority Representative all ten counties | |
| Diane Conroy-Kellogg | Gratiot County | |
| Jacqueline Curtis | Isabella County | |
| Mary Donnelly | Health Care Representative all ten counties | |
| Charles Stack | Saginaw County | Commissioner |
| Melvin McNally | Bay County | |
| Steve Vaughn | Huron County | |
| Richard Osburn | Midland County | |
| Mike Tobin | Clare County | |
| William Walters | Sanilac County Labor Representative all ten counties | |
| Henry Wymore | Tuscola County | |



ANNUAL & MULTI YEAR IMPLEMENTATION PLAN

FY 2017-2019

Region VII Area Agency On Aging

FY 2017

APPENDIX D

Agreement for Receipt of Supplemental Cash-In-Lieu of Commodity Payments for the Nutrition Program for the Elderly

The above identified agency, (hereinafter referred to as the GRANTEE), under contract with the Aging and Adult Services Agency (AASA), affirms that its contractor(s) have secured local funding for additional meals for senior citizens which is not included in the current fiscal year (see above) application and contract as approved by the GRANTEE.

Estimated number of meals these funds will be used to produce is:

88,063

These meals are administered by the contractor(s) as part of the Nutrition Program for the Elderly, and the meals served are in compliance with all State and Federal requirements applicable to Title III, Part C of the Older Americans Act of 1965, as amended.

Therefore, the GRANTEE agrees to report monthly on a separate AASA Financial Status Report the number of meals served utilizing the local funds, and in consideration of these meals will receive separate reimbursement at the authorized per meal level cash-in-lieu of United States Department of Agriculture commodities, to the extent that these funds are available to AASA.

The GRANTEE also affirms that the cash-in-lieu reimbursement will be used exclusively to purchase domestic agricultural products, and will provide separate accounting for receipt of these funds.

APPENDIX F

Request to Transfer Funds

| | | |
|---|--|-----------------------------------|
| 1 | The Area Agency on Aging requests approval to transfer funds from Title III-B Supportive Services to Title III-C Nutrition Services. The Agency assures that this action will not result in a reduction in support for in-home services and senior center staffing. Rationale for this request is below. | Amount of Transfer 0 |
| 2 | The Area Agency on Aging requests approval to transfer funds from Title III-C1 Congregate Nutrition Services to Title III-B Supportive Services for in-home services. The rationale as to why congregate participation cannot be increased is described below. | Amount of Transfer 229,761 |
| <p>The additional funds are required because as the 60 and over population increases there is a need for additional funding for Title III-B Supportive Services. The request for services can be expected to continue since the risk of frailty and functional decline increases with advanced age.</p> <p>The request will address the steady increasing demands for in-home support services in most areas of the PSA, and avoid waiting lists.</p> | | |
| 3 | The Area Agency on Aging requests approval to transfer funds from Title III-C1 Congregate Nutrition to Title III-B Supportive Services for participant transportation to and from meal sites to possibly increase participation in the Congregate Nutrition Program. Rationale for this request is below. | Amount of Transfer 0 |

